

# THE LINKS AT MULBERRY HILL



## MEMBERSHIP APPLICATION (Revised 6/1/21)

\_\_\_\_\_ hereby submits an application to the Links at Mulberry Hill  
(Print) Last Name First Name Middle Initial

and agrees to abide by the Club's By-Laws and regulations. I understand that this application for membership is for twelve months and that my membership will automatically renew annually unless I submit a letter of resignation to the Board of Directors.

**Check the appropriate circle to indicate desired membership type.**      **Applicant's date of birth:** \_\_\_/\_\_\_/\_\_\_\_  
 Resident Family     Single     Senior     Junior Executive (< 40)     Junior Executive Family (< 40)  
 Non-Resident     Social     Student (< 25; show ID)     Hospitality     Business (write Business Name below)

**Desire to Upgrade to GOLD LEVEL MEMBERSHIP?** (unlimited Cart Usage)    Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_ Mailing address \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of emergency contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Spouse's name \_\_\_\_\_

Dependents (shall include children under 21 residing with and dependent upon the member, or dependent children no older than 25 years of age enrolled full time in a school or college):

Dependent's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Dependent's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I desire my membership to begin on \_\_\_\_\_, 2021 and to pay my dues (check one)  
Month

- Monthly (by automatic bank debit)     Monthly (by automatic credit card charge)     Annually (by cash, check, or CC)
- Check to be included in The Links at Mulberry Hill club directory.
  - Check to give The Links at Mulberry Hill permission to use photos of the applicant and/or family from Club events in promotional materials.

***Golf membership is for a minimum 12-month commitment. Should a golfer resign prior to a full, initial 12-month period, they will not be allowed to re-join again, as a member, unless they pay for those previous month(s) in which they departed early (back dues).***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Board of Directors Action:**     Approval     Disapproval

Remarks \_\_\_\_\_

Board of Directors Secretary \_\_\_\_\_ Date \_\_\_\_\_

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## Authorization Agreement: Bank Draft or Credit Card Charge

This is authorization for The Links at Mulberry Hill to automatically debit monthly dues and charges from my (Circle one)

Checking Account

Savings Account

Account Number \_\_\_\_\_

Bank Transit /ABA Number \_\_\_\_\_

Branch \_\_\_\_\_

Financial Institution \_\_\_\_\_

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This is authorization for The Links at Mulberry Hill to automatically charge my monthly dues and charges to (check one)

MasterCard

Visa

Other

Card Number: \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

I understand that statements will be e-mailed on or before the 5th of the month. Monthly dues and any miscellaneous charges will be charged to my account by either the 10th of the month or the first business day following the 10th.

For the purpose of satisfying **my monthly account balance**, I understand that this authorization will be in effect until I notify my financial institution and The Links at Mulberry Hill in writing that I no longer desire this service. Allowing a reasonable time to act on my notification, I also understand that if corrections in the debt amount are necessary, there may be a subsequent credit or debit adjustment to my account.

**I am responsible for notifying The Links at Mulberry Hill, in writing, of an error in billing within 60 days of the event.**

The Links at Mulberry Hill is not responsible for making adjustments to the account beyond that time if written notice has not been submitted within the designated time frame.

My membership privileges will be automatically suspended if membership dues are in arrears by three months. Full payment is required to reinstate membership.

The Links at Mulberry Hill's bank will charge a \$25 fee for checks returned for insufficient funds.

**This authorization is non-negotiable and non-transferable.**

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(For verification of bank account information, please attach a voided check)

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### **Bookkeeper's Action:**

Membership Number \_\_\_\_\_ Dues Account Established \_\_\_\_\_ (date)