

## Cutter Creek Golf Club: Membership Contact Information

Date \_\_\_\_\_

Member Name \_\_\_\_\_

Current Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Credit Card Authorization

I, \_\_\_\_\_, hereby authorize Cutter Creek Golf Club to charge my credit card for the following category as applicable.

Please check one:

\_\_\_\_\_ Annual Membership Fee with Monthly charges of cart fees, merchandise and food & beverages

\_\_\_\_\_ Monthly Membership Fee with charges of cart fees, merchandise and food & beverages

#### Credit card Information:

( ) MasterCard ( ) Visa ( ) Amex Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ CVV/CVC Code \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As the credit card holder, I hereby authorize Cutter Creek Golf Club to bill my credit card for my charges. This authority will remain in effect until Cutter Creek Golf Club is notified by me in writing to cancel it in such time as to afford Cutter Creek and the Financial Institution listed above a reasonable opportunity to act on it.

Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_