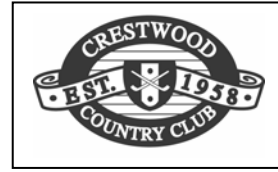


Crestwood Country Club Membership Application

304 W. Crestview Ave.
PITTSBURG, KS 66762-0654



620-231-9697 • 620-231-6530 • Fax 620-231-5598
E-mail: toddcwcc@yahoo.com

Membership Type Applying For:

- | | |
|--|--|
| <input type="checkbox"/> Full Family Privilege | <input type="checkbox"/> Full Single Privilege |
| <input type="checkbox"/> Intermediate Family (age 30-34) | <input type="checkbox"/> Intermediate Single (age 30-34) |
| <input type="checkbox"/> Junior Family (age 21-29) | <input type="checkbox"/> Junior Single (age 21-29) |
| <input type="checkbox"/> Non-Resident I (Over 30 miles) | <input type="checkbox"/> Non-Resident II (20-30 miles) |
| <input type="checkbox"/> Family Social | <input type="checkbox"/> Single Social |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Travel |

Name: _____ Spouse's Name: _____

Date of Birth: _____ Spouse's Date of Birth: _____

Home address: _____ Phone: _____

Billing address: _____ Phone: _____

Other Telephone Numbers: _____

Email Address for website & information _____

Spouse Email Address: _____

Employer: _____ Occupation: _____ Phone: _____

Spouse's Employer: _____ Occupation: _____ Phone: _____

(Notice: Home address and phone number along with occupation for both member and spouse are used in publications to the membership. Please indicate if you do not wish any of the above information published.)

Children: (Only children age 24 and under living at home are eligible.)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Sponsoring Member Signature: _____

Travel Member Second Sponsoring Member Signature: _____

I hereby apply for membership to Crestwood Country Club subject to approval of the Board of Directors and possible credit check. My check in the amount of \$_____ is attached representing the applicable initial payment of the initiation fee. *If making application under the Membership Drive fees, I have agreed to a 12 month membership contract with my signature.*

Proposed Member's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

GOLF MEMBERSHIPS ONLY

CRESTWOOD GOLF CART USER CLASSIFICATION

Crestwood only accepts a limited number of new private cart ownership. The following options are available for golf cart use. Please indicate which type of golf cart user you prefer your membership to be classified:

_____ 1. Please classify my membership as a daily club-owned cart renter or daily user for use of another member's private cart, with the owner's consent. For each round of golf played, I will pay or charge the following daily fee plus applicable sales tax:

Club-owned or Private Cart	Fee
1/2 Cart 18 Holes	\$13.00
1/2 Cart 9 Holes	\$ 6.50
Full Cart 18 Holes	\$26.00
Full Cart 9 holes	\$13.00
Individual Private Cart 18 Holes	\$10.00
Individual Private Cart 9 Holes	\$ 5.00
Full Private Cart 18 Holes	\$20.00
Full Private Cart 9 Holes	\$10.00

_____ 2. Please classify my membership as a monthly private cart user of a current member's private cart, with the owner's consent. I understand that the charges are \$276 per year billed monthly at \$23 plus applicable sales tax.

_____ 3. Please classify my membership as an annual contract renter of a club owned golf cart for use by my family. I understand the charges are \$720 per year billed at \$60 per month plus applicable sales tax.

All three programs are for 12 months, although you may upgrade to Program #3 at any time and the upgrade will then be 12 months from that date.

Above fees are subject to change at the discretion of the Board of Directors according to Article V, Section 15 of the Crestwood by-laws.

DATE: _____ Member Signature: _____

OFFICE USE ONLY:

Approval Date:

Effective Date:

Membership Number Assigned: