

2024 Dining Club Application

MEMBERSHIP INFORMATION:

Address must be the same as the billing address for the credit card. PLEASE PRINT LEGIBLY.

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Phone: _____ **Signature:** _____

Additional Family Members Names:	Date of Birth
_____	____/____/____
_____	____/____/____
_____	____/____/____

BENEFITS:

- 50% OFF Food throughout the property (excludes single packaged snacks)
- Discounts on Special Events like Mother's Day, Easter, Santa Brunches, New Year's Eve and More!

PAYMENT: Auto payment on the 1st of each month ___ **Individual \$55/month** ___ **Family \$65/month**

PROGRAM CONDITIONS: The individual and family participants registered in the Dining Club program consist of the primary member, spouse and any children younger than the age of 23 who reside at the same address. To utilize their memberships, participant must provide name at check-out. Facilities and privileges are available for use during normal operating hours.

DeBary Country Club reserves the right to make changes and/or amendments to the **Dining Club Program** at its sole discretion including but not limited to monthly fees, time restrictions, and discounts. Special events, tournaments, maintenance practices, or weather conditions may restrict or prohibit access to the Grille at any given time. DeBary Country Club may terminate this contract by giving 30 days written notice, with or without cause. All sales are final, and no refunds will be given. FL state tax of 6.5% I agree to comply with course policies & procedures, specifically the rules of operation of golf carts.

My signature above authorizes DeBary Country Club to charge my credit card for the appropriate amount each month or annually in alignment with the membership I have chosen above. I understand billing will occur on the same day of each month. Cancellations are accepted 30 days in advance, written notice must be received in order to take effect for next month's billing cycle. This agreement remains in place until your membership is cancelled.

I have received a copy of my membership information and by my initials below agree that I have read, understand, and accept the terms, conditions, billing structure, and all other information related to my membership.

Initial here: _____

<u>FOH Staff</u>	<u>Admin</u>	<u>Accounting</u>
<input type="checkbox"/> _____ Staff Member Initial	<input type="checkbox"/> _____ Chrono Profile	<input type="checkbox"/> _____ Build Subscription
<input type="checkbox"/> _____ Credit Card in Chrono	<input type="checkbox"/> _____ Welcome Email	<input type="checkbox"/> _____ Commission