SUMMIT CLUB

Corporate/Business Application for Membership

I hereby apply for Membership to The Summit Club and the resultant rights and privileges therein. I prefer my name be placed on the Membership Roster as follows:

Address Information

◊ Mr. ◊ Mrs. ◊ Ms. ◊ Miss ◊ Dr.

Name (please print or type):

_____

(Undersigned)

Home Address: _____ Home Phone: _____

Cell Phone: _____City:_____ State: _____Zip:_____

Personal or Business E-Mail Address: _____

Birth Date: _____ Social Security # (opt):_____ Driver's License # _____

Marital Status: ◊ Single ◊ Married ◊ Widowed

I would prefer monthly statements mailed to my ◊ Home ◊ Business

I would prefer my monthly statement billed ◊ To my Credit Card.

◊ Spouse Information

◊ Mr. ◊ Mrs. ◊Ms. ◊ Dr.

Spouse's Name (please print):_____

Cell Phone: _____Birth Date: _____ Anniversary: _____

Company Information

Company Name: _____

Title: _____Type of Business: _____

Business E-Mail Address: _____ Length of Employment: _____ (years)

Business Phone: _____EXT. _____ Business Fax: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Secretary / Assistant's Name: _____

SUMMIT CLUB

Corporate/Business Membership Classification

I am applying for Corporate/Business Membership.**Note: All memberships include monthly dues and CCA fees. 8.25% tax will be incurred on The Summit Club member dues. The designee may be changed or terminated by the corporation/business at any time.

We provide two membership options for our corporate memberships. Please select which option you would like for your corporation/business.

Membership Billing Options:

◊ **Option A** - The corporation/business chooses to have all the designees under the same account and to be billed under one membership, in this case the company will be billed for all charges made by all the designees and will have a quarterly food and beverage minimum of $190. (Form C-100A Required)

◊ **Option B** - The company may choose to have the primary member under one account and each designee to have their own account. In this case each designee will have their own membership account, and must fill out a separate corporate designee application. Each designee will be billed separately for their own food and beverage charges and must meet a $90 food and beverage minimum quarterly per designee. (Form C-100B Required)
This type of membership is an excellent benefit or perk that the corporation can offer its board members, executives, managers, or any other employees whom the corporation/business may choose to offer designee status to.

****A one time $500.00 initiation fee is due at signing.*
Please indicate the membership Classification you choose: (please check one)

◊ Bronze - $225.00/mo
◊ **S**ignature Gold Unlimited - $175.00/mo

(Please send check with application. Application will not be processed without the one time initiation fee of $500 that is applicable to all corporate memberships.)

Monthly Dues and Fees: $_____ /per month. Dues are subject to change at the sole discretion of The Summit Club. Dues are also subject to Sales Tax.

SUMMIT CLUB

Please Read Carefully and Sign Below:

For purposes of this agreement, the party that is to hold the Membership, whether personal or corporation is the Applicant.

Minimums

Members are required to meet a food & beverage minimum of $90.00 assessed quarterly on individual accounts. Corporate account minimums are adjusted based on number of Designees on account. This amount is $90-$180.00 per quarter in food and beverage minimums.

Refunds and Resignation

It is agreed that a Member may resign from The Summit Club by giving written notice to The Summit Club after completing the required commitment. A one year term is required for Bronze Memberships and a two year commitment is required for all Signature Gold memberships. A 30 day written notification of cancellation is required for all membership terminations. All accrued dues and other charges for which the member is liable are due upon the effective date of resignation. All initiation fees are Non-Refundable.

Payment of Accounts

Payment of account is due on receipt of the monthly statement. The Undersigned agrees to pay the account when due. Each account due by the 20th of every month. The Undersigned agrees The Summit Club may assess a late charge for past due accounts. Payments on delinquent accounts apply first to reduce late charges, then to accrued dues, then to food and beverage charges, then to any other charges. Dues and other Summit Club charges are considered luxuries under all applicable laws. The Undersigned agrees to pay all reasonable attorney fees, investigator fees and costs in the event this account is placed for collection. The Membership card shall remain the property of The Summit Club at all times.

Past Due Accounts

The undersigned agrees that The Summit Club has the right to charge any past due monies, for all dues, services and miscellaneous fees, to the following credit card:

◊ Check here if you wish to pay your monthly balance with this credit card.

CC#_____ **Expiration date:** _____

Name on Card: _____

Security code:_____ (Charges to this credit card are for monies that are more than 30 days past due.)

(I have read and understand the Summit Club requirements and policies)

Signature X _____**Date:** _____/_____/_____

Corporate Membership Classification Options

Corporate Bronze Member	Corporate Signature Gold Unlimited Member
190/Monthly	**275**/Monthly
Allows the use of the Summit Club with privileges in the usage of the event venue, the use of both the Library and Prim dining, and privileges of dining at Club Corp of America's (CCA) clubs. This membership also allows for up to four executives to be included as designees. *$180 Quarterly Food & Bev. Minimum Required	Allows the use of the Summit Club with privileges in the usage of the event venue, the use of both the Library and Prim dining and privileges of dining at Club Corp of America's (CCA) clubs. In addition to these benefits, Signature Gold Dining members enjoy complimentary meals prepared by award winning chefs at Signature Gold Clubs. As the most extraordinary private club membership, this option also allows for: dual resident membership, no green fees, advanced tee time reservations, complimentary use of pro-line golf sets, two meals and two rounds of complimentary golf per membership, per club within a thirty day period not including your home club. You may view clubs who participate by viewing the Signature Gold Unlimited Guide. This membership also allows for up to four executives to be included as designees. (Primary designee at 175.00 and each additional designee at 125.00)

The Signature Gold Unlimited Guide may be viewed online at:
http://www.clubcorp.com/ClubCorp-Network/How-to-Access/The-Guide.

Form C-100A

SUMMIT CLUB

Corporate Designee Individual Application

I hereby apply for Membership to The Summit Club and the resultant rights and privileges therein. I prefer my name be placed on the Membership Roster as follows:

◊ Mr. ◊ Mrs. ◊ Ms. ◊ Miss ◊ Dr.

First Name _____ Last Name _____

Cell Phone (to receive text messages): _____

Marital Status: ◊ Single ◊ Married ◊ Widowed

Spouse Information

◊ Mr. ◊ Mrs. ◊Ms. ◊ Dr.

Spouse's Name (please print):_____

Cell Phone _____Birth Date: _____ Anniversary: _____

Address: _____City: _____

State: _____ Zip: _____

Form C-100B

SUMMIT CLUB

Corporate Designee Information

◊ Mr. ◊ Mrs. ◊ Ms. ◊ Miss ◊ Dr.

1. First Name _____ Last Name _____

Cell Phone (to receive text messages): _____

Marital Status: ◊ Single ◊ Married ◊ Widowed

Spouse Information

◊ Mr. ◊ Mrs. ◊Ms. ◊ Dr.

Spouse's Name (please print):_____

Cell Phone _____Birth Date: _____ Anniversary: _____

Address: _____City: _____

State: _____ Zip: _____

◊ Mr. ◊ Mrs. ◊ Ms. ◊ Miss ◊ Dr.

2. First Name _____ Last Name _____

Cell Phone (to receive text messages): _____

Marital Status: ◊ Single ◊ Married ◊ Widowed

Spouse Information

◊ Mr. ◊ Mrs. ◊Ms. ◊ Dr.

Spouse's Name (please print):_____

Cell Phone _____Birth Date: _____ Anniversary: _____

Address: __City: _____

State: _____ Zip: _____

SUMMIT CLUB

Corporate Designee Information

◊ Mr. ◊ Mrs. ◊ Ms. ◊ Miss ◊ Dr.

3. First Name _____ Last Name _____

Cell Phone (to receive text messages): _____

Marital Status: ◊ Single ◊ Married ◊ Widowed

Spouse Information

◊ Mr. ◊ Mrs. ◊Ms. ◊ Dr.

Spouse's Name (please print):_____

Cell Phone _____Birth Date: _____ Anniversary: _____

Address: __ _____City: _____

State: _____ Zip: _____

◊ Mr. ◊ Mrs. ◊ Ms. ◊ Miss ◊ Dr.

4. First Name _____ Last Name _____

Cell Phone (to receive text messages): _____

Marital Status: ◊ Single ◊ Married ◊ Widowed

Spouse Information

◊ Mr. ◊ Mrs. ◊Ms. ◊ Dr.

Spouse's Name (please print):_____

Cell Phone _____Birth Date: _____ Anniversary: _____

Address: __ _____City: _____

State: _____ Zip: _____