

**CHALK HILL RESIDENT**



\$0 Summer Swim

**Membership Application**

2400 Fred Couples Drive  
Gunter, TX 75058  
903-696-0022 Fax: 903-696-0025  
www.bridgestexasgolf.com

**MEMBER INFORMATION**

Name (Primary): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status: Married \_\_\_ Single: \_\_\_ Spouse's Name (Alternate): \_\_\_\_\_

Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Full Names & Ages Of All Children Living At Home:**

Name	Date of Birth	Sex	School Attending
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

**Employment Information**

Name Of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position: \_\_\_\_\_ How Long With Business: \_\_\_\_\_

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**SPOUSES EMPLOYMNET NFORMATION**

Spouse's Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long With Business: \_\_\_\_\_

**Category of Membership: (Check One)**

Premier Golf: \_\_\_\_\_ Trail Fee \_\_\_\_\_ Club Carts Included

Premier Sport: \_\_\_\_\_ Family

Premier Fitness: \_\_\_\_\_ + \_\_\_\_\_

Summer Swim: \_\_\_\_\_

Premier Corporate: \_\_\_\_\_

5 Day Annual Pass: \_\_\_\_\_

7 Day Annual Pass: \_\_\_\_\_

**Type of Membership**

Personal: \_\_\_\_\_ Corporate: \_\_\_\_\_ If Corporate List Company Name: \_\_\_\_\_



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**If a Premier Corporate Membership Application, please list Corporate Designees**

**Name:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Name:** \_\_\_\_\_

Applicant submits this Application for Membership to The Bridges Golf Club (the "Club").

The complete Applications and Membership Packet consists of the following documents:

1. Application for Membership
2. Rules and Regulations

Applicant has read, understands, and agrees to be bound by the terms and conditions of this Application and the additional documents included within the Membership Packet. Applicant states that all information contained with the Application is true, accurate and complete to the best of his/her knowledge and acknowledges that the Club is relying upon the same. By signing this Application, the Primary member, Spouse and Children all agree to abide by the Rules and Regulations. In the event of damage, accident, injury up to death, The Bridges Golf Club, LLC will not be liable, the Member assumes liability for their family and all guests.

Agreed to by and between The Bridges Golf Club and the undersigned Member(s) as of the date(s) set forth below, the latest of which shall be deemed the effective date of this Membership Agreement. **ALL memberships must give a 30 day written notice for the cancelation of the membership.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

**Office Use Only**

General Manager Signature: \_\_\_\_\_ Payment: \_\_\_\_\_