



First	Middle	Last	Birthday
Present Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Email	In Case of Emergency Call (Name)		Emergency #
Employer	Occupation		
Family Members with Access to Club Facility, Single Dependents under 23, living in same household			
Spouse	Child/Dependent	Child/Dependent	
	Child/Dependent	Child/Dependent	

**Types of Membership (Annual, 2 Pmts., or Monthly)**

	Annual (When Due)	2 Pmts. (10th of Month Due)	Mthly (10th of Month)
<input type="checkbox"/> Full Family	<input type="checkbox"/> \$ 1,784	<input type="checkbox"/> \$ 920	<input type="checkbox"/> \$ 162
<input type="checkbox"/> Full Single	<input type="checkbox"/> \$ 1,080	<input type="checkbox"/> \$ 557	<input type="checkbox"/> \$ 98
<input type="checkbox"/> Young Adult Family	<input type="checkbox"/> \$ 972	<input type="checkbox"/> \$ 501	<input type="checkbox"/> \$ 88
<input type="checkbox"/> Young Adult Single	<input type="checkbox"/> \$ 713	<input type="checkbox"/> \$ 370	<input type="checkbox"/> \$ 65
<input type="checkbox"/> Contiguous	<input type="checkbox"/> \$ 1,273	<input type="checkbox"/> \$ 657	<input type="checkbox"/> \$ 116
<input type="checkbox"/> Out of County	<input type="checkbox"/> \$ 751	<input type="checkbox"/> \$ 390	<input type="checkbox"/> \$ 69
<input type="checkbox"/> Family Social	<input type="checkbox"/> \$ 1,084	<input type="checkbox"/> \$ 560	<input type="checkbox"/> \$ 99
<input type="checkbox"/> Single Social	<input type="checkbox"/> \$ 683	<input type="checkbox"/> \$ 353	<input type="checkbox"/> \$ 62
<input type="checkbox"/> Seasonal (Pool Only)	<input type="checkbox"/> \$ 615		
<input type="checkbox"/> Cart Plan - Single	<input type="checkbox"/> \$ 835	<input type="checkbox"/> \$ 451	<input type="checkbox"/> \$ 76
<input type="checkbox"/> Cart Plan - Family	<input type="checkbox"/> \$ 1,058	<input type="checkbox"/> \$ 557	<input type="checkbox"/> \$ 95
<input type="checkbox"/> Cart - Trail	<input type="checkbox"/> \$ 723	<input type="checkbox"/> \$ 373	<input type="checkbox"/> \$ 70
<b>Add-Ons</b>			
<input type="checkbox"/> Range Plan - Single	<input type="checkbox"/> \$ 167		
<input type="checkbox"/> Range Plan - Family	<input type="checkbox"/> \$ 250		

**\* Must have a valid driver's license to use golf carts. Cost outlined above includes 6% KY sales tax. Payments on Annual and 2 Payment plans 30 days late are subject to \$50 late fee. Monthly payments 30 days late are subject to 10% late fee.**

**I agree to abide by the following:**

I agree to abide by all rules and regulations of the club as outlined in **General and House Rules at ([www.MurrayCountryClub.com](http://www.MurrayCountryClub.com))** of this Membership Agreement. I also understand that management reserves the right to increase fees and dues for subsequent membership terms by notifying me in writing at my last known address or email address.

**Waiver/Release**

I hereby agree to participate and/or engage in the use of the course, equipment, facilities, and programs offered by the Club upon the understanding and agreement that:

1 Acknowledging the desirability of a physical examination before participation, I represent to the Club that I am physically capable of participation in the program of my choice. I warrant and represent to you that I have no

disability, impairment or ailment preventing me from engaging or participating in activity that will be detrimental or injurious to my health, safety, or physical condition if I do so engage or participate.

2 I am aware of the risks of illness or injury inherent in any golf, tennis, swimming or other program. These risks include, but are not limited to: being hit by golf balls, golf clubs, golf carts, lightning, stepping or tripping in holes or other natural indentations in the ground; injury from insects, animals, birds or snakes; drowning; infections from water in the pool; pulled muscles or other sprains and strains. I am participating in the Club's programs upon the express understanding that I hereby indemnify, waive and release the Club, it's employees, agents, officers, Directors, Successors, and Assigns from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs (hereafter referred to as the "Claims") arising out of my participation in the program(s) or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Club from and against any and all such Claims.

3 I assume full responsibility for myself and anyone who becomes a member under this Contract, including any children/dependents of mine, or any of my guests, and shall indemnify Management, affiliates, agents and employees against any and all liability incurred by them toward such. I understand and agree that any person who is a party to my Membership Agreement will also be a party to this waiver/release. I hereby execute and deliver this waiver and release so that I may participate in the program(s) offered at the Club.

I have read and understand the terms of this Membership Agreement as outlined in the Membership Agreement Information (Addendum A) and the General Membership Information (Addendum B) found on the Club's website. **Make checks payable to MGC Investor Group, LLC P.O. Box 310, Murray, KY 42071**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION:**

I hereby authorize MGC Investor Group, LLC to charge my credit card or make the ACH transfer(s) indicated on this form for the **agreement year**. If this agreement changes any prior authorization between myself and MGC Investor Group, LLC, the prior authorization is hereby cancelled, and I instruct MGC Investor Group, LLC to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) /charge(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made.

I understand that it is my responsibility to have sufficient funds available in my account on the transfer/charge date(s) in order for MGC Investor Group, LLC to make the automatic payment(s) or credit card charge(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s) or credit card charge(s), the automatic payment(s)/credit card charge(s) may not be made. I further acknowledge that MGC Investor Group will not be liable for any charges, including but not limited to any charges related to items returned due to insufficient funds.

**I understand that this Agreement is for an entire year and by signing below I agree to make any and all payments selected below:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Authorization for Payment of Dues & Other Charges**

I choose to pay my annual dues, two payment plan or monthly payment via credit card. All recurring payments will be processed on the 10th of the month through automatic draft via the credit card listed below.

Card Type \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Security Code (3 digit # back of Card) \_\_\_\_\_  
Cardholder Name \_\_\_\_\_  
Billing Address \_\_\_\_\_