



Signature Gold™

**Application and Agreement for
Signature Gold Unlimited through
La Crosse Country Club**

Mr.____ Mrs.____ Ms.____ Dr.____ Member Number: _____

Member Name: _____

Spouse Name: _____

Email Address(es): _____

Dependent: _____ Date of birth: _____

Dependent: _____ Date of birth: _____

Primary Address Information:

Home Street Address (No P.O Box): _____

City, State, Country, Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Second Home Street Address (if applicable): _____

City, State, Zip Code _____

Company Name: _____

Company Address: _____

Business Phone Number: _____

I, as Applicant, have enrolled in Signature Gold Unlimited Associate Club program offered through La Crosse Country Club. By upgrading to this benefit, I understand that my privileges are subject to the benefit terms and conditions, which are available at <http://www.clubcorp.com/ClubCorp-Network/About-the-ClubCorp-Network/My-World/Signature-Gold-Unlimited/Signature-Gold-Terms-Conditions>, are incorporated herein by reference, and may be amended from time to time without prior notice. I agree that the administrator of the Signature Gold Unlimited program, Associate Clubs International (ACI), may add or subtract Participating Clubs or Participating Facilities without prior notice. By signing below, I acknowledge that all charges for services that are required to be paid at time of service must be paid by major credit card or other form of payment acceptable to the Participating Club or Participating Facility. Should I fail to do so, I agree that ACI or La Crosse Country Club may terminate my participation in the Signature Gold Unlimited Associate Club program immediately. I understand if the credit card company rejects any charges, I may be subject to reasonable collection fees and late charges as allowed by law. I agree to conform to and be bound by the Membership Bylaws and Rules and Regulations of all Participating Clubs and Participating Facilities as they may be amended from time to time. The above authorizations shall remain in effect for so long as I am participating in the Signature Gold Unlimited program.

Authorized Signature: _____ Date _____