



Membership Application

Foxwood Country Club • 701 Foxwood Drive • Jacksonville, AR 72076

Phone: (501) 982-7508 • admin@foxwoodgolf.com

www.foxwoodgolf.com



**ALL MEMBERSHIPS REQUIRE A \$500.00 INITIATION FEE (ONE TIME ONLY)
STARTING JANUARY 1, 2024**

Type of Membership Desired

ALL MEMBERSHIPS BILLED MONTHLY

Check One:

<input type="checkbox"/> FULL GOLF FAMILY MEMBERSHIP – PLATINUM	2023/ 2024 Members	MILITARY & FIRST RESPONDERS
	\$ 195.00	-15% Discount
		\$ 165.75

Privileges – This membership includes all possible privileges for the member, spouse, and dependent children 21 and under. All Golf Tee Times, League Participation, Tournaments, Practice Facility, and Clubhouse are provided with this Full Golf Family membership. A \$500.00 monthly line of credit for food and beverage only, no minimum, is available with Card on File. Prepayment is not required, neither is there a monthly or quarterly minimum for PLATINUM Membership. The current balance is compiled in monthly statements.

ASSOCIATE FULL GOLF PLANS

These membership plans are one-person (Single) plans and do not include dependent children nor any other family members. A \$250.00 monthly line of credit for food and beverage only, no minimum, is available with Card on File.

<input type="checkbox"/> SINGLE MEMBERSHIP	\$ 145.00	\$ 123.50
<input type="checkbox"/> JUNIOR MEMBERSHIP (35 and UNDER) 10% Discount	\$ 131.50	\$ 123.50

ALTERNATIVE PLANS

<input type="checkbox"/> SOCIAL MEMBERSHIP (LIMITED TO 50)*	\$ 50.00	N/A
<input type="checkbox"/> CORPORATE MEMBERSHIP*	\$ 250.00	N/A

*Corporate Membership includes 2 Members. Additional Members are \$100.00 per. MUST BE SET UP WITH ACH

*Social Membership MUST BE SET UP WITH ACH

Tours, Additional Information & Orientation

Tours, information, and orientation with management are available by appointment. Please call the **FCC office** during the business week 8 AM - 6 PM at 501-982-7508. **Membership Development Director Mr. Freddy Poe.**

Personal Information

Submit Date _____

Name _____

Primary Address _____
Street City State Zip Code

Alternate Address _____
Street City State Zip Code

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ E-mail Address _____

Spouse/Significant Other: Name _____

Spouse/Significant Other: E-mail Address _____

Spouse/Significant Other: Date of Birth _____

Spouse/Significant Other: Home Telephone Number _____

Spouse/Significant Other: Cell Phone Number _____

Single Married Significant Other

Please list your dependent children through age twenty-one.

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Information (optional)

Applicant's Occupation and/or Nature of Business or Profession _____

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ E-mail Address _____

Spouse/Significant Other Occupation and/or Nature of Business or Profession _____

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ E-mail Address _____

Payment Information

Which method do you choose for paying all expenses?

- ACH** (known as Autopay) This would enable open charge privilege credit for one month; the balance due at the end of each month would then be deducted from your checking account by the 5th of the following month unless otherwise approved. This would eliminate the possibility of any interest charges or late payment fees concerns. ACH includes a 10% discount.
- Credit card method:** Note that this choice to use a credit card for payment is subject to a 3% administration fee for the transactions. Any and all expenses will be posted on the next business day.
- Open charge credit privilege for one month:** Full payment for the balance due at the end of each month will be subject to both a late payment fee and interest charges if not satisfied, in possession at the FCC office, by the 10th of the subsequent month. **Note:** Card may be left on file and charged at the end of every month or if the limit is exceeded. This choice to use a credit card for payment is subject to a 3% administration fee for the transactions.

Credit Card Information:

Type: VISA AMEX MasterCard Discover Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____ Telephone No. Associated with Card _____

Billing Address for Card _____

Street

City

State

Zip Code

Bank Information:

Bank Name _____ Name on Account _____

Account Type: Checking Savings

Routing Number _____ Account Number _____

Authorization and Agreement

I have been made aware of the 2023 Membership Drive of Foxwood Country Club and am submitting this application for preliminary and further review of the golf membership offerings. I also understand that membership can be stripped at any time if the information provided is found to be false or misleading.

Initial _____

I understand that there are various standards and expectations of the club. These are explained in the Membership and Financial handbook listed on the FCC website*. Particularly as it relates to conduct, attire, etiquette and courtesy extended by all members, their family and guests. **Handbook Coming Soon*

I agree to meet all the conditions and responsibilities as a member.

Initial _____

Foxwood Country Club is NOT responsible for loss, inadvertently left or otherwise, of member property, clothing, and personal goods on premises, club property, in vehicles.

Initial _____

I consent to have images of myself and family in FCC promotional material including but not limited to: Facebook, Twitter, Brochures, Flyers, and/or Video Recordings.

Initial _____

I will reimburse the Club for any damage caused to the facilities of the club by myself, my family, and/or their guests.

Initial _____

I will provide a major credit card with authorization on file to enable a monthly line of credit of \$500 or \$250 to be charged monthly or if the limit is exceeded whichever occurs first.

Initial _____

Payment by: check #, credit card etc. _____ Date _____

Payment provided: _____ Date _____

Name of Applicant (Print) _____ Date _____

Signature of Applicant _____ Date _____

OFFICE USE ONLY

ACCEPTED THIS DAY OF _____ 20 _____ .

PAYMENT TYPE _____ AMOUNT _____ .

MEMBERSHIP DIRECTOR _____ .



Foxwood

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