



"The Mission of McAllen Country Club is to provide a welcoming exclusive family country club that encourages enduring friendships and creates lifelong memories through exceptional personal service and superior recreational facilities."

615 Wichita Ave, McAllen, Texas 78503

Office (956)631-1103

Fax (956)618-5793

Email: membership@mcallencountryclub.com

PHOTO

A Photo is required for application.
Please attach a photo or email the photo with the application.

INFORMATION FOR STOCKHOLDING MEMBERSHIP PROPOSAL

APPLICANT

First _____ Middle _____ Last _____ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Preferred Name _____

D.O.B. ____/____/____ Age ____ Cell Phone# _____ Email _____

Home Address _____ City/State/Zip _____

Gender _____ Marital Status ☐ Single ☐ Married ☐ Significant Other Anniversary Date ____/____/____

Name of College _____ Graduation Year _____

U.S. Citizen ☐ Yes ☐ No ☐ Native ☐ Naturalized

Driver's License # _____ State _____ S.S. # _____ - _____ - _____

How long have you been a resident of Hidalgo County or a contiguous county? _____

Have you ever been arrested or convicted of a felony or misdemeanor? _____ *If yes please list each offense, including but not limited to city/county of occurrence and date _____

Name of Employer _____ Nature of Business _____

Your Title _____ Business Address _____

Bus. Phone _____ Length of employment? _____

I would prefer my MCC billing statement to be mailed to: ☐ Home ☐ Other _____

I would prefer my MCC newsletter to be emailed to: _____

SPOUSE/SIGNIFICANT OTHER

First _____ Middle _____ Last _____ ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Preferred Name _____

D.O.B. ____/____/____ Age ____ Gender _____ Cell Phone _____

Name of Employer _____ Title _____

Business Phone _____ Business Address _____

U.S. Citizen ☐ Yes ☐ No Native or Naturalized ☐ Yes ☐ No

Email _____ Name of College _____

Upon Board approval, we will bill your first statement and initiation fees to the address on your application.

DEPENDENTS
(unmarried children under 25 years old)*

☐ Yes, I/We have Dependents as indicated below ☐ No, I/We Do Not have Dependents living with me/us.

Name _____ D.O.B. ____/____/____ Age _____ Gender _____

Name _____ D.O.B. ____/____/____ Age _____ Gender _____

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Name _____ D.O.B. ____/____/____ Age _____ Gender _____

Name _____ D.O.B. ____/____/____ Age _____ Gender _____

*Upon turning 25 years old, children must apply for their own membership as they are no longer considered a dependent.

Have you been a member of MCC in the past? _____ Other present/past club affiliations or additional information that would be helpful in determining your eligibility for membership, such as friends who are club members:

Have you ever been a member of another country club? ____ Yes ____ No If yes, please indicate the name, address, and phone number

Have you ever been terminated from a country club? ____ Yes ____ No If yes, please indicate when and the reason

BANK INFORMATION

Financial Institution _____ Bank Officer _____

Bank Address _____ Bank Phone _____

NAME OF SPONSORS

1. _____ What is your association with sponsor? _____

2. _____ What is your association with sponsor? _____

TYPE OF MEMBERSHIP PROPOSED

Preferred General _____ Junior General _____ Legacy Preferred General _____ Corporate General _____

Preferred Social _____ Junior Social _____ Legacy Preferred Social _____ Corporate Social _____

Legacy Junior General _____ Legacy Junior Social _____ Other _____

If any part of this information is found to be incorrect, the proposed applicant may be rejected (or expelled if already a member). Members may be subject to assessments as determined by the common stockholding members. Monthly charges and dues are billed after the close of business the last day of the month. Past due balances are assessed interest of 1.5% per month and a late fee as determined by the Board of Directors. I agree to pay the then current Initiation Fee at the time of acceptance. I agree to abide by the Club bylaws as determined and changed from time to time by Common Stockholders and policies as determined and changed from time to time by the Board of Directors.

I/We understand the Initiation Fee for the proposed membership does include sales tax and for all Junior Memberships, I/We understand once the applicant is 35 years old, the membership will be transferred to a Preferred membership. All Preferred memberships include stock at McAllen Country Club. A portion of the initiation fee is reserved for the stock. All memberships are nontransferable except for Corporate Memberships. If/when applicable, the Corporation will have 6 months to have a proposed member approved with a transfer fee of \$1,000. All transfer applicants must follow the application process.

INITIAL _____

MEMBERSHIP INFORMATION

Total Initiation Fee*: \$ _____ **

Current Monthly Dues: \$ _____ **

I/We understand no portion of the Initiation Fee is refundable and this membership is nontransferable.

*The "Initiation Fee" amount written above is the actual amount paid by Member (or if paying in installments, the amount required to be paid by Member) in United States dollars. The amount written above may be less than the Club's current standard required initiation fee if certificates, waivers or other special programs have been applied to this membership.

**Dues are subject to increases.

PAYMENT OF MEMBERSHIP ACCOUNT

Payment of Membership Account, including all dues, fees and other applicable charges, is due upon receipt of the monthly statement. If accepted for membership, I/we agree to pay the account in full when due. I/We agree and understand that a late charge up to the maximum amount allowable by law, or other penalties, may be assessed for past-due accounts as provided for in the Membership Bylaws and Rules and Regulations of the Club, as amended from time to time. In addition to late fees, penalties may include, but are not limited to, suspension of Club privileges and/or expulsion from membership. Payments on delinquent accounts shall be applied first to reduce late charges, then to reduce accrued dues and food & beverage charges (with the payment applied to reduce the oldest past due balances first, and then to any other charges. Any fees assessed for untimely payment of any applicable dues, fees or charges will appear on my/our statement. I/We agree to pay all reasonable attorneys' fees, investigator fees, and costs in the event this account is turned over for collection.

MEMBERSHIP POLICIES

If accepted into membership, I/we agree to conform to and be bound by the enrollment terms contained herein, the Membership Bylaws, the Rules and Regulations, and written membership policies of the Club as they may be amended from time to time. I/We further understand that agreeing to be bound by the Membership Documents of the Club is a part of my/our agreement for membership privileges with the Club. I/We specifically understand this membership is not divisible. I/We hereby acknowledge receipt of a copy of the Membership Bylaws and the Rules and Regulations of the Club.

I/We Acknowledge the membership bylaws and the rules and regulations of the club provide the details of the club's membership policies, conduct and obligations, including, but not limited to, provisions in the event of divorce, for arbitrations of disputes, resignation, redemption of memberships, financial obligations, disciplinary action, release of liability for personal injury and theft. I/We hereby fully release and discharge the club, its employees, agents, shareholders, members, managers, affiliates and assigns from any liability, injury, loss, damage or claim arising from my/our use of the club facilities, including any such claims caused by the released party's own negligence.

I/We acknowledge and agree that the club may redeem my/our membership by repaying me/us the stock certificate (without interest or premium of any kind) I/We paid to the club and that upon such payment, all of my/our rights to use the club shall immediately cease, and I/we shall automatically relinquish, release and discharge the club, its employees, agents, shareholders, members, managers, affiliates and assigns from any and all liability, injury, loss, damages or claims against the club associated with my/our membership and the redemption thereof.

I/We agree the terms and conditions of my/our membership may not be added to, amended, or contradicted in any way by evidence of prior, contemporaneous, or subsequent oral agreements of any kind and acknowledge there are no unwritten oral agreements of any kind.

Signature of Primary Candidate

Date

Signature of Spouse/Significant Other

Date

FOR OFFICE USE ONLY:

Current Initiation Fee \$ _____

Membership # _____

Date Joined: _____

Membership Type: _____

Application Received on: _____

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN
COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Date: _____ Driver Lic. # _____ Issuing State _____

Last Name First Name Middle Name

Maiden and/or Other Last Names Used

City* County* State*

Date of Birth** Social Security Number** Male Female

This authorization and consent for release of personal information acknowledges that McAllen Country Club (Hereafter referred to as "Company") and/or its agent, Trak-1 Technology, may conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me, records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and worker's compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Trak-1 Technology, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand these searches will be used to determine membership eligibility under the company's policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether membership was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **Trak-1 Technology / PO Box 130159 / Houston, Texas 77219** at telephone number **1-800-600-8999**. After reading this document, I fully understand its contents and authorize the background verification.

***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES**

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF MEMBERSHIP WILL EXIST AND MAY BE USED AT THE DISCRETION OF MCALLEN COUNTRY CLUB.

Signed this _____ day of _____, 20____

Applicant (Print Name) _____

Applicant Signature _____



membership@mcallencountryclub.com

Recommendation Letter

[This recommendation will not be shared with the Applicant
unless you provide it to the Applicant.]

VISION STATEMENT: "The Vision of McAllen Country Club is to be the premier private club in the Rio Grande Valley."

MISSION STATEMENT: "The Mission of McAllen Country Club is to provide a welcoming, exclusive family country club that encourages enduring friendships and creates lifelong memories through exceptional personal service and superior recreational facilities."

Date: _____

Your Member #: _____

Member Name: _____

Your Phone Number: _____

Member Since: _____

Applicant's Name: _____

Applicant's employment: _____

Is the Applicant a resident of Hidalgo, Starr,
Cameron, or Willacy counties of Texas, or states
of Nuevo Leon and Tamaulipas, Mexico?

Yes No

Is the Applicant a member of your family?

Yes No

Is the Applicant someone you do business
with at your primary place of employment/
profession:

Yes No

[Continues on next page]

1. I have known the Applicant for _____ years. Please describe where you met and include any information from your history that might be helpful to the Membership committee - i.e., golf interests, social, business, credentials, and other known members that associate with the Applicant.

2. Please provide any information from your history with the Applicant that might be helpful to the Membership committee in understanding the Applicant's spouse/significant other and family.

3. Please comment fully on why you are proposing the Applicant for membership and why you think they would be a good addition and asset to our Club.

I acknowledge the club's Vision and Mission Statement and my responsibility as a member to help realize the same. I certify that, to the best of my knowledge, the information above is complete and accurate omitting nothing that could be reasonably considered relevant as to the Applicant. I understand that any gross misrepresentations or omissions may be cause for termination of my membership or other recourse available to the Board.

Initial Here

Please know that any applicant that you recommend reflects both you and your family. Accordingly, please understand that the Membership Committee and in turn the Board highly suggest that you take this Recommendation Letter seriously.

Sponsor's Signature: _____



membership@mcallencountryclub.com

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Date: _____

Your Member #: _____

Member Name: _____

Your Phone Number: _____

Member Since: _____

Applicant's Name: _____

Applicant's employment: _____

Is the Applicant a resident of Hidalgo, Starr,
Cameron, or Willacy counties of Texas, or states
of Nuevo Leon and Tamaulipas, Mexico?

Yes No

Is the Applicant a member of your family?

Yes No

Is the Applicant someone you do business
with at your primary place of employment/
profession:

Yes No

[Continues on next page]

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