



2026 Membership Application

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

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

www.foxwoodgolf.com

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ALL MEMBERSHIPS REQUIRE A ONE TIME \$500.00 INITIATION FEE

Memberships are billed monthly. Yearly rates available.

Prices listed are the monthly rates.

Type of Membership Desired (check one):

Full Golf Family Membership

\$195.00

\$165.75 With Military/First Responders Discount

Privileges: This membership includes all possible privileges for the member, spouse, and dependent children 21 and under. Grandchildren and adult children are not eligible. All golf play at all times, league participation, tournaments, practice facility, and clubhouse is 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, nor is there a monthly or quarterly minimum for full family membership. The current balance is compiled in monthly statements.

Associate Golf Plans

These membership plans are one-person memberships unless stated otherwise 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.

Single Membership

\$145.00

\$123.50 With Military/First Responders' Discount

Junior Membership (35 and under only)

\$131.50

\$123.50 With Military/First Responders' Discount

Alternative Plans

Corporate Membership*

\$250.00 (Military/First Responders' Discount Cannot be Applied)

Social Membership (limited to 50)*

\$50.00 (Military/First Responders' Discount Cannot be Applied)

*Corporate Membership includes two members. Any additional members will be \$100.00 each, per month. Must be set up with ACH

*Social Membership must be set up with ACH

Tours, additional information, and/or orientation:

Please call the FCC office during business hours at (501)-982-7508, or email our General Manager, Ms. Michelle Galli mgalli@foxwoodgolf.com

Personal Information

Date _____

Name _____

Primary Address _____

Street City State Zip Code

Secondary Address _____

Street City State Zip Code

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ E-mail Address _____

- Single
- Married
- Significant Other

Spouse/Significant Other: Name _____ Date of Birth _____

Spouse/Significant Other: E-mail Address _____

Spouse/Significant Other: Cell/Home Phone Number _____

Please list your dependent children through age 21 (if applicable).

Name	Date of Birth	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Information (Optional)

Name of Company _____ Title _____

Business Address _____

Street City State Zip Code

Business Telephone Number _____ E-mail Address _____

Spouse/Significant Other

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/bank 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 following 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 all transactions.

Credit Card Information: Type (circle one): **Visa** **Amex** **MasterCard** **Discover** **Card**

Number _____

Expiration Date _____ **Security Code** _____

Name on Card _____ **Phone Number** _____

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 and reviewed the Foxwood Membership Handbook and also understand my membership can be terminated any time if the information provided is found to be false or misleading, and/or if any rules, policies, or regulations are not adhered to by myself.

Initial _____

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

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

Initial _____

I understand that Foxwood Country Club is NOT responsible for loss, inadvertently left or otherwise, of member property, clothing, and/or personal goods on premises, club property, or 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 \$500.00 or \$250.00 to be charged monthly or if the limit is exceeded, whichever occurs first.

Initial _____

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

Payment provided: _____ Date _____

Name of Applicant (Print) _____ Date _____

Signature of Applicant _____ Date _____

Initiation Fee Waived Agreement

I, the undersigned, agree to maintain an active membership at Foxwood Country Club for a minimum of two (2) full years from the date of this agreement. In consideration of this commitment, the standard initiation fee has been waived.

If I cancel or terminate my membership for any reason besides mandatory deployment in the U.S Military (proof must be provided), prior to the completion of the two-year term, I understand and agree the full initiation fee (\$500.00) will become immediately due and payable.

By signing below, I acknowledge and agree to the terms stated above.

Member Name: _____

Signature: _____

Date: _____

Office Use Only

Accepted this day of: _____

Payment type: _____

Amount: _____

Employee: _____



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