



Cobbs Glen 2026 Pool Membership

Member Full Name: _____

Spouse's Name: _____

Email address 1: _____

Email address 2: _____

List dependent children under 24 (*must be full-time student and residing in house*) you wish to include.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Home Address

Street: _____

City: _____

State & Zip: _____

Phone: _____

Alternate Phone: _____

Business/Alternative Mailing Address

Street: _____

City: _____

State & Zip: _____

Phone: _____

Alternate Phone: _____

This information is needed to ensure access to the pool area is limited to those that have paid for membership and in case of emergencies.

It is agreed that this membership and all people using Cobb's Glen Country Club are bound by and shall comply with the Rules & Regulations, as they currently exist or as amended by Management.

I have read the Policies and Procedures provided to me and agree to abide by the rules of Cobb's Glen Country club. To the best of my knowledge, everything I have stated in this application is correct.

I understand that this pool membership is only valid for May – September 2026 for \$800.

Signature: _____

Date: _____

Please return this form with payment to the office or Pro shop at the golf course. For questions, please email office@cobbsglen.cc or call (864)-226-7688, ext 5.

Payment Amount: _____

Date Received: _____

Authorized By: _____