



Membership Application

Membership Type (Choose one): () Single >40 () Single <40 () Family () Corporate () Social ()

An initiation Fee of _____ will be received (non-refundable) plus 7% local state tax.

A first month payment of \$_____ has been received plus 7% local state tax.

() Check# _____ () Credit/Debit Card (attached) () Cash Payment _____

Please direct my membership statement and other membership communication to my (Choose one)

() Home () Business () Email _____ () Other (please specify)

Please select if you would like one of the following services added to your membership:

() USGA Handicap Service \$30 Per year () Locker Service \$75 per year () Club Storage \$75 per year

() Club Corp Gold Signature Gold \$55 per month

PERSONAL INFORMATION FOR ALL MEMBERSHIPS EXCEPT CORPORATE:

Full Name: _____

Home Address: _____

Cell & Home Phone: _____

Email Address: _____

Spouse (if applicable): _____

Children (if applicable; unmarried, dependent children under the age of 21, who are living in the member's home or under the age of 23 attending school on a full-time basis designated to have membership charging privileges):

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Terms of Membership

PLEASE READ EACH PARAGRAPH CAREFULLY AND CHECK THE BOX BESIDE THAT SECTION TO INDICATE THAT YOU HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS OF THIS AGREEMENT, THEN SIGN BELOW.

() In order to activate a house account and receive charging privileges, I/we agree to provide the Club with a valid credit card number. I understand that the balance of my house charge account will be billed to my credit card for all charges unpaid for 30 (thirty) days or more.

Card Type: () MasterCard () Visa () Amex () Discover

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Name as on card: _____

Billing zip code: _____

Signature of Card Holder: _____

Credit Card (auto billed monthly) _____ (please initial)

- Each month, the Club will mail/email my statements showing any charges due to the Club. Dues, fees and other charges are billed on the first day of each month and payable on or before the 5th day of each month, unless otherwise established by the club. Members whose charges remain delinquent at the end of the billing month will have their credit card on file charged for the applicable amount due. (Member is responsible for advising Club of any new expiration date and/or change of credit card). If the credit card on file does not accept this charge, then all membership privileges will be suspended until the account is paid in full. If my / our membership is terminated for delinquency and if the collection of my account requires the assistance of attorneys or a collection agency, I / we agree to pay the additional amount due on the account, reasonable attorney and courts costs, as well as the fees or dues owed to the club.

- I hereby acknowledge that the use of the Club facilities and any privileges or service incident to Membership is undertaken with knowledge of risk of possible injury. I hereby accept any and all risk of injury to myself, my guests, and family sustained while using the Club facilities or involved in any event or activity incident to Membership at the property. By accepting risk of injury, I understand that I am relieving the Club, their successors and assigns, their respective directors, officers, partners, shareholders, employees, agents and affiliates from any and all loss, claims, injury, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or event connected with Membership in the Club and use of the Club facilities.

- If I elect to finance my Initiation Fee and my membership is terminated for any reason, I agree that I am fully responsible for any unpaid initiation Fee plus any unpaid charges due the Amelia River Golf Club.

- By signing below, I hereby acknowledge that I have read, understand and agree to all terms and conditions in the Membership Plan / Rules and Regulations. If canceling your membership for any reason, a 30 day written notice is required. Your dues will end after the 30 day period of your notice.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Member # _____

Address Verified Yes _____ No _____

Employee / Date _____