

Membership Application

Membership Type (Circle one):

Junior Membership – Single or Family

Full Memberships – Single or Family

Social Memberships – Single or Family

Corporate Membership

An initiation Fee of will been received (r	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 () Club Storage \$75 per year		
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.

Applicant's Signature	Date
Applicant's Signature	Date
Rules and Regulations. If canceling your membership for	understand and agree to all terms and conditions in the Membership Plan / or any reason, a 30 day written notice is required. Your dues will end after lay period of your notice.
knowledge of risk of possible injury. I hereby accept any the Club facilities or involved in any event or activity understand that I am relieving the Club, their successor employees, agents and affiliates from any and all loss, clai	and any privileges or service incident to Membership is undertaken with and all risk of injury to myself, my guests, and family sustained while using incident to Membership at the property. By accepting risk of injury, I s and assigns, their respective directors, officers, partners, shareholders, ms, injury, damages or liability sustained or incurred by me, my guests and event connected with Membership in the Club and use of the Club facilities.
on the first day of each month and payable on or befo Members whose charges remain delinquent at the en applicable amount due. (Member is responsible for advi credit card on file does not accept this charge, then all me / our membership is terminated for delinquency and i collection agency, I / we agree to pay the additional amou	owing any charges due to the Club. Dues, fees and other charges are billed are the 5 th day of each month, unless otherwise established by the club. It do fit the billing month will have their credit card on file charged for the sing Club of any new expiration date and/or change of credit card). If the mbership privileges will be suspended until the account is paid in full. If my if the collection of my account requires the assistance of attorneys or a nt due on the account, reasonable attorney and courts costs, as well as the dues owed to the club.
Credit Card (auto billed monthly	y) (please initial)
Signature of Card Holder:	
Billing zip code:	
Name as on card:	
Card Type: () Master(Card () Visa () Amex () Discover
valid credit card number. I understand that the balar	charging privileges, I/we agree to provide the Club with a nce of my house charge account will be billed to my credit d for 30 (thirty) days or more.
() In order to activate a house account and receive	charging privileges. I/we agree to provide the Club with a