

# Summer Membership Application

Date: \_\_\_\_\_ Membership Type: Pool \_\_\_\_\_ Golf \_\_\_\_\_

Payment: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received by \_\_\_\_\_

## Membership Profile:

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (for monthly statements & club updates) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's Lic # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Title \_\_\_\_\_

Years in Present Employment \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ I would like to receive text alerts regarding: (check all that apply)

( ) Daily course conditions ( ) Special rates/ F&B Specials ( ) Social events ( ) Clubhouse/Course/Pool Closures

Spouse's Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ I would like to receive text alerts regarding: (check all that apply)

( ) Daily course conditions ( ) Special rates/ F&B Specials ( ) Social events ( ) Clubhouse/Course/Pool Closures

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Included in the membership are unmarried children under the age of 21 (and still a dependent), or full time students under the age of 24.

Name

Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

## RULES AND REGULATIONS:

Applicant agrees to conform to and be bound by the By-laws and Rules and Regulations of the Club, as they currently read, and as they may be amended from time to time.

## PAYMENT OF MEMBERSHIP ACCOUNT:

The Member is responsible for timely payment of their monthly dues and incidentals such as food and beverage, golf shop merchandise, etc. All family members included under this Membership will have full clubhouse charging privileges at Riverland's Golf and Country Club unless otherwise stated by the member.

The monthly statements will be emailed by the 5th of each month and are due by the 20th of the month. If payment is not received by the aforementioned date, a 10% late charge will be assessed to the account and charging privileges will be suspended until the account is paid in full.

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## AUTOMATIC PAYMENT AUTHORIZATION FORM:

**\*Credit Card on File required for all membership types, including swim members who wish not to charge.**

Your credit card will not be charged if, you have no account balance or if your monthly statement payment is received by the 20<sup>th</sup> of the month.

Credit/Debit Card: MC / VISA / DISCOVER / AMEX (circle one)

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Address (applicable to your card) \_\_\_\_\_

City (applicable to your card) \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**INITIALS:** \_\_\_\_\_ I authorize Riverlands Golf and Country Club to keep my signature on file and charge my credit card for my account balance monthly. I understand this form is valid unless I cancel this authorization through written notice to Riverlands Golf and Country Club Business Office.

**INITIALS:** \_\_\_\_\_ **\*\*\*I am aware that RGCC will charge my credit/debit card up to the full amount of any unpaid balance which is 61 days past due.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RESIGNATION:

I understand that I may resign from the Club after fulfilling my initial 12-month membership agreement by completing a Membership Resignation Form and fulfilling its terms. A minimum 30 day notice is required. All accrued dues and other charges for which the Member is liable are due upon the effective date of resignation.

(Not Applicable for swim or other limited memberships)

**REFERRED BY (Present Member):** \_\_\_\_\_

I understand that acceptance for membership in Riverlands Golf and Country Club is subject to approval by the Club and payment of the required fees. I also understand that Riverlands Golf and Country Club reserves the right to change membership categories, rates or operating procedures at any time.

Have you or your spouse ever been a member of RGCC in the past two years as of the date of this application. Circle. Yes No If Yes, give dates \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_