

RIVER RIDGE GOLF CLUB

Raleigh, NC 27610 Office phone: 661-8374

Application For Membership

Applicants please type or print in the appropriate areas.

Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

List Children

Name _____ Sex ____ Date of Birth _____

Name _____ Sex ____ Date of Birth _____

Name _____ Sex ____ Date of Birth _____

Name _____ Sex ____ Date of Birth _____

Residence Address _____ Phone _____

Billing Address (if different from above) _____

Business Firm _____ Occupation _____

Years with Company _____ Business Phone _____

Other Club Affiliations _____

Sponsors (active club members) or Personal References - Name & Address of Two

Membership Type:

- Single
- Family of 2
- Family of 3
- Family of 4
- Corporate
- Weekday
- Swim/Tennis

Payment Terms:

- Monthly
- Quarterly
- Corporate or Swim/Tennis Annually

How did you hear about us?

- Internet
- Direct Mail
- Email
- Friend
- Outdoor Advertisement
- Other

FOR OFFICE USE ONLY

Date _____ Account# _____ Check # _____

Check Amt. _____ Memo _____

APPLICATION FOR MEMBERSHIP

1. Name of Applicant _____ Date of Application _____
2. I herewith acknowledge the following membership terms:

Full family membership - includes spouse and unmarried dependent children who have not reached their 23rd birthday, or are over 23, but are continuing to attend school or college and have not reached 25 years of age.
3. Monthly dues (subject to change) and amenities are billed in advance according to payment plan selected. If dues are increased during the prepaid period, members will be billed additional dues from the effective date of the increase to the end of the prepaid period.
4. If this application is disapproved by the membership committee, all funds deposited herewith shall be immediately refunded, and this agreement shall be cancelled and thereafter held for naught. It is further understood and agreed that I may resign from the Club at any time by giving a 30 day written notice to the Club and by paying any dues or other charges for which I may be liable, and that upon such resignation I shall not thereafter be subject to any further dues or other charges.
5. Membership in the Club does not confer on the member ownership or interest in the Club facilities or assets, nor right in the Club management. Also, members have no responsibility or liability for debts or River Ridge Golf Club.
6. Statements will be mailed monthly by the 10th, and are payable upon receipt, and are considered delinquent if not paid by the end of the month. The member (and dependents) whose account is delinquent will be suspended until his account has been paid. If suspended for 30 days or more, a reinstatement fee of \$50 will be required to activate membership. A membership which has been suspended for a period of 60 days shall be revoked at the end of that period. Members should pay dues and charges from their statement, by cash, check, or credit card.
7. River Ridge Golf Club reserves the right to amend or cancel this agreement or membership rights at any time.
8. Cancellation of membership by the member, within 6 months, will result in 50% of initiation fee returned - upon the approval of River Ridge Management. Cancellation of membership after 6 months, no return of initiation fee, - request for cancellation must be in writing.
9. I hereby apply for membership in the River Ridge Golf Club, and agree, if elected to membership, to conform and be bound by the by-laws, rules, and regulations of the Club applicable to the membership for which I am hereby applying and which the Club may change from time to time.

Applicant's Signature

Accepted this _____ day of _____, _____

By _____ River Ridge Golf Club