



# APPLICATION FOR MEMBERSHIP



# PERSONAL INFORMATION

Name \_\_\_\_\_  
Title First Middle Initial Last

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

Single  Married  Divorced  Widowed If married, please fill out the Spouse information below.

Spouse's Name \_\_\_\_\_  
Title First Middle Initial Last

Cell Phone Number \_\_\_\_\_ Wedding Anniversary Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Email Address \_\_\_\_\_

# BUSINESS INFORMATION

Applicant's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Business Telephone Number \_\_\_\_\_ Years in Present Employment \_\_\_\_\_

Email Address \_\_\_\_\_

Education Background: \_\_\_\_\_

Spouse's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Business Telephone Number \_\_\_\_\_ Years in Present Employment \_\_\_\_\_

Email Address \_\_\_\_\_

Education Background: \_\_\_\_\_

# TYPE OF MEMBERSHIP DESIRED

- Regular Member (ages 40 & over)
- Young Executive Member (ages 30-39)
- Intermediate Member (ages 21-29)
- Social Member

# CHILDREN

Children eligible to use club facilities:

1. \_\_\_\_\_  Male  Female  
                    First  Last  Date of Birth
2. \_\_\_\_\_  Male  Female  
                    First  Last  Date of Birth
3. \_\_\_\_\_  Male  Female  
                    First  Last  Date of Birth
4. \_\_\_\_\_  Male  Female  
                    First  Last  Date of Birth
5. \_\_\_\_\_  Male  Female  
                    First  Last  Date of Birth

# AFFILIATIONS

Are you a prior member of Ridge Country Club?  Yes  No If so, when? \_\_\_\_\_

Are you a current or previous member of another country club?  Yes  No If so, please list.

Club Information (Name, Phone Number): \_\_\_\_\_

Membership in Business, Professional, Civic and Fraternal Organizations: \_\_\_\_\_

# SPONSOR INFORMATION

Sponsor: \_\_\_\_\_  
                    Please Print Name and Member Number                    Years Known                    Signature

Sponsor: \_\_\_\_\_  
                    Please Print Name and Member Number                    Years Known                    Signature

\*\* Please note: The sponsoring member must be a Regular member in good standing with the club.

---

By signing this Membership Application for Ridge Country Club, I hereby authorize Ridge Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my Membership Application is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of Ridge Country Club Club in the present form or as may be amended. I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Ridge Country Club.

\*Note: Equity associated with a Regular membership is upon the sale of the property

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

# PAYMENT INFORMATION

Monthly statement preference:  US Mail  Email \_\_\_\_\_  Both  
Preferred Email

## CREDIT CARD AGREEMENT *(not a monthly payment arrangement)*

Upon acceptance as a member, I agree to the following terms and conditions as they relate to joining Ridge Country Club.

- All initiation fees are non-refundable and non-transferrable.
- Intermediate and Young Executive Members, as they progress by age toward attaining Regular status, shall owe no additional initiation fee; however, dues will change based on membership category.
- During my membership, I shall be entitled to the use of the club facilities and involvement in all club activities and usage privileges in the category of membership in which I am approved. Additionally, I understand that my membership is not transferable or refundable.
- I agree to be bound to the By-Laws and Rules and Regulations as established and may be amended by Ridge Country Club from time to time.
- The club has the absolute right and discretion to recall my membership at any time. If the club exercises its right, I remain obligated and promise to pay dues and charges incurred through the end of the month in which the club exercises its right to recall my membership.
- I agree to maintain a current credit card account on file with the club at all times. Should my account become 90 days delinquent, I agree the club shall have the right to bill such past-due amount to my credit card.

Account Number \_\_\_\_\_

Card Type \_\_\_\_\_ Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_

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

## ACH PARTICIPANT AUTHORIZATION

I (we) hereby authorize Ridge Country Club to initiate debit entries for monthly charges, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account indicated below and the depository named below to debit and/or credit the same to such account.

Depository Name \_\_\_\_\_

Depository Address \_\_\_\_\_  
Street City State Zip Code

Depository Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_  Checking  Savings

Please choose preference for ACH Payment:  10<sup>th</sup> of Month  20<sup>th</sup> of Month

This authority is to remain in full force and effect until Ridge Country Club has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Ridge Country Club and depository a reasonable opportunity to act on it.

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

Date Authorized: \_\_\_\_\_ Date Effective: \_\_\_\_\_

PLEASE STAPLE VOIDED CHECK HERE