

EST. **R** 1994  
**RIDGEPOINTE**

**MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_ Applicants Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: (Circle One) Single Married

Spouse's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Names and Ages of unmarried children (under the age of 23) residing with you:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Membership Choice (Circle one):**

- Full Golf
- Young Professional 34 & Under
- Young Professional 35-39
- Tennis
- Social
- Resident - Social
- Non-resident
- Junior
- Corporate Golf

**Membership Terms:**

- Cash Payment
- Check
- Automatic Bank Draft (Attach voided check)
- Bill Me

Send Statements to: Home Business Email Statements: Yes No

Send Newsletter and Notices: Home Business

I would like to receive email messages regarding events and dinner specials? Yes No

I, \_\_\_\_\_, the undersigned member, as a condition of membership at RidgePointe Country Club, do hereby agree, that if I should resign or otherwise terminate my membership before one calendar year from date of signing, I agree to pay dues and food minimum charges for remainder of the contract duration. I also understand and agree that all memberships are subject to a \$200 annual assessment which will be charged to my account bi-annually.

I/We agree to abide by the constitution and by-laws of the RidgePointe Country Club. I understand that I am responsible for my dues and charges. If I fail to pay it will be charged to my credit card account.

Credit Card Name and Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

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Applicant Signature

date

Spouse's Signature

Date