

EST.  1994
RIDGEPOINTE

MEMBERSHIP APPLICATION

Applicants Name: _____ D.O.B _____

Home Address: _____

Home Phone: _____ Email: _____

Cell Number: _____

Business Address: _____

Business Phone: _____ Fax: _____

Social Security #: _____ 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: _____

Membership Choice (Circle one):

Full Golf

Tennis

Non-resident

Young Professional

Social

Junior

39 & Under

Resident Social

Corporate Golf

Please add these fees to my statement:

Cart Plan

Trail Fee

MGA Membership

Membership Terms:

Cash Payment

Check

Credit Card (+3% processing fee)

Automatic Bank Draft (Attach voided check)

Send Statements to (circle one): HOME BUSINESS

Statement Form (circle one): EMAIL MAIL BOTH

Send Newsletter to (circle one): HOME BUSINESS

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 along with associated credit card processing fees.

Credit Card Name and Number: _____ Expiration: _____

Applicant Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____