

## **Membership Application**

Type of Membership (Please Check)		Additional Services (Optional) Print Member or Business Name:	
☐ Individual ☐ Weekday - Plat	inum		
☐ Young Professional ☐ Weekday - Gol	.d	MEN'S HALF LOCKER	
Corporate Weekday - Silv	er		
☐ Junior ☐ Weekday - Bro	nze	MEN'S SPORTS LOCKER	
Twilight Add child \$800			
Add spouse \$1,995		BAG STORAGE	
Current Membership Year		LADIES HALF LOCKER	
Primary Member's Home Information	on		
y		GOLF HANDICAP - INC GHIN NUMBER	
NAME		Payment Information – Payment Guarantee	
HOME ADDRESS		Required for charging privileges.  *A 3% surcharge will be applied to all credit card transactions*	
		3 11	
CITY STATE	ZIP	BANK NAME	
PERSONAL E-MAIL ADDRESS DATE O	F BIRTH	CHECKING ACCOUNT #	
HOME PHONE CELL PH	HONE	ROUTING#	
Duimany Mamhan'a Duainasa Informa	tion		
Primary Member's Business Informa	.11011	CREDIT CARD # EXP. NUMBER	
COMPANY NAME			
COMPANY ADDRESS		HOW DID YOU HEAR ABOUT ROYCE BROOK GOLF CLUB?	
COMPANY CITY STATE	ZIP	DID ANOTHER MEMBER REFER YOU? WHO?	
BUSINESS PHONE		ARE YOU CURRENTLY A MEMBER OF ANOTHER CLUB?	
BUSINESS E-MAIL ADDRESS		IF YES, NAME OF CLUB	

<sup>\*</sup>Limited membership play is welcome anytime within membership category and during club events only.



## Terms and Conditions of Application and Membership

I hereby make application to Royce Brook Golf Club to become member(s) of the Club, in the category specified. If accepted, I/we agree to abide and be bound by the Membership Plan, the Terms and Conditions of Application and Membership attached hereto, and all the Club's Rules and Regulations, as each now exist and may hereafter be amended by the Club. This agreement is applicable to the enrollment year and all subsequent membership years.

A Finance charge of 1.5% per month will be charged on all unpaid balances that are 30 days past due. Accounts that are more than 90 days past due may be placed into collections with any resulting expenses incurred as the responsibility of the member. **Membership dues are non-refundable, no exceptions.** 

Applicant(s) acknowledges receipt of and agrees by execution of this Membership Application, upon acceptance of application by the Club, to be bound by the Membership Plan and the Rules and Regulations, as they each may be amended from time to time. Membership is subject to suspension or termination for failure to abide by membership conditions. Applicant(s) agrees to be liable for all dues and charges incurred by themselves and their guests.

Applicant(s) acknowledges that the Membership is not an investment in the Club, nor does it provide an equity or ownership interest in the Club or Club Facilities. Applicant(s) acknowledges that a Member only acquires a revocable license to use the Club Facilities in accordance with the Membership Plan and the privileges associated with the membership category and dues option acquired.

initials	Membership will be renewed on the membership enrollment anniversary date at the then current dues level unless the club is otherwise notified in writing by the primary member any time before and up to thirty (30) days after the anniversary date.
The Club res	arves the right, at anytime, in its discretion, to reserve memberships, to terminate any or all types

The Club reserves the right, at anytime, in its discretion, to reserve memberships, to terminate any or all types of membership, and to make any other changes in the terms and conditions of membership or facilities available for use by members.

PRIMARY APPLICANT SIGNATURE PRINT NAME DATE



## **Additional Designee Information**

Associate Member Information		Applicant #3	
SPOUSE'S NAME		NAME	
PERSONAL E-MAIL ADDRESS	DATE OF BIRTH	HOME ADDRESS	
CHILD #1	DATE OF BIRTH	CITY, STATE, ZIP	
CHILD #2	DATE OF BIRTH	PERSONAL E-MAIL ADDRESS	DATE OF BIRTH
		HOME PHONE	CELL PHONE
Applicant #2		Applicant #4	
NAME		NAME	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PERSONAL E-MAIL ADDRESS	DATE OF BIRTH	PERSONAL E-MAIL ADDRESS	DATE OF BIRTH
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
APPLICANT #2 SIGNATURE		PRIN'T NAME	DATE
APPLICANT #3 SIGNATURE		PRINT NAME	DATE
APPLICANT #4 SIGNATURE		PRINT NAME	DATE



If opting for a payment plan for membership, Membership Payment Terms are based on a 10-month payment plan and must be enrolled in autopay with credit card. \*A 3% surcharge will be applied to all credit card transactions\*

Member Name:						
Membership Start Date:						
Membership End Date:						
Membership Amount:						
Monthly Payment:						
Credit Card Number:						
Expiration Date (must be later than membership end date):/ CVV:						
Member Name (Print)	Member Name (Signature)					
Membership Director Lynn Sexton						
General Manager Eric Thompson						