



## 2022 Membership Application

### Type of Membership (Please Check)

Full Membership

Corporate       Individual

Family Member Add-On

Limited Memberships\*

Weekday

Intermediate Membership

Junior

### Additional Services (Optional)

*Print Member or Business Name:*

\_\_\_\_\_

MEN'S HALF LOCKER

\_\_\_\_\_

MEN'S SPORTS LOCKER

\_\_\_\_\_

BAG STORAGE

\_\_\_\_\_

LADIES HALF LOCKER

\_\_\_\_\_

GOLF HANDICAP - INC

\_\_\_\_\_

GHIN NUMBER

### Primary Member's Home Information

\_\_\_\_\_

NAME

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

\_\_\_\_\_

PERSONAL E-MAIL ADDRESS

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

HOME PHONE

\_\_\_\_\_

CELL PHONE

### Primary Member's Business Information

\_\_\_\_\_

COMPANY NAME

\_\_\_\_\_

COMPANY ADDRESS

\_\_\_\_\_

COMPANY CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

\_\_\_\_\_

BUSINESS PHONE

\_\_\_\_\_

BUSINESS E-MAIL ADDRESS

### Payment Information – Payment Guarantee

*Required for charging privileges.*

\_\_\_\_\_

BANK NAME

\_\_\_\_\_

CHECKING ACCOUNT #

\_\_\_\_\_

ROUTING #

\_\_\_\_\_

CREDIT CARD #

\_\_\_\_\_

EXP. NUMBER

\_\_\_\_\_

HOW DID YOU HEAR ABOUT ROYCE BROOK GOLF CLUB?

\_\_\_\_\_

DID ANOTHER MEMBER REFER YOU?

\_\_\_\_\_

WHO?

\_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF ANOTHER CLUB?

\_\_\_\_\_

IF YES, NAME OF CLUB

*\*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 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.

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PRIMARY APPLICANT SIGNATURE

PRINT NAME

DATE



## Additional Designee Information

### Associate Member Information

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
PERSONAL E-MAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CHILD #1

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CHILD #2

\_\_\_\_\_  
DATE OF BIRTH

### Applicant #3

\_\_\_\_\_  
NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PERSONAL E-MAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

### Applicant #2

\_\_\_\_\_  
NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PERSONAL E-MAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

### Applicant #4

\_\_\_\_\_  
NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PERSONAL E-MAIL ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
APPLICANT #2 SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT #3 SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT #4 SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE