



2020-2021 TWO YEAR ASSOCIATE FAMILY MEMBERSHIP APPLICATION

PLEASE READ BEFORE SIGNING. I (we) apply for an ASSOCIATE FAMILY Membership at Ridgeview Country Club. If accepted as a member by the Governing Board, I (we) agree to accept and abide by the By-laws of the Club and such rules and regulations as the Governing Board may establish from time to time.

I (we) commit to being a member for two years and as a new member I (we) will receive a discounted rate the first year as consideration for the two-year commitment. I (we) agree to pay the sum of \$1,580.00 (plus tax) for the first year and the full membership cost for the second year (\$2,330.00+tax, plus any possible board voted increase) of my (our) membership. I (we) agree to pay these amounts in either one payment or on a monthly payment plan. If I (we) terminate this agreement at the end of the 1st year, I (we) agree to pay the first year as full Associate Family dues of \$2,330.00 (plus tax)

I (we) understand that corporate dues will be billed each year (annually, seasonally or monthly) until my (our) resignation in writing is accepted by the Governing Board as required by the Club's By-laws. If I (we) terminate my (our) membership prior to the end of the RCC Fiscal year (April 1 to March 31), I (we) agree to pay for the remaining months in one lump sum or be charged on the credit card listed below. I (we) agree to pay all charges made by me, my family and my guests promptly when due. I (we) understand that if my (our) account is not current within 40 days from the billing date, the credit card listed below will be automatically charged for the entire balance on my (our) account. If this card is declined, all Club privileges will be automatically suspended. I (we) agree to pay all reasonable attorneys' fees, court costs and other expenses incurred in such collection.

Name _____
Applicant Spouse

Birth date _____
Applicant Spouse

Home Address _____ Zip _____

Home Phone _____ Cell Phone _____
Applicant Spouse

Email Address _____
Applicant Spouse

Employer _____
Applicant Spouse

Employers Phone _____
Applicant Spouse

Children _____
Name Birth Date

Children _____
Name Birth Date

Children _____
Name Birth Date

Credit Card to charge if my account is not current within 40 days from the billing date:

VISA/MC AmEx _____ - _____ - _____ - _____ Exp Date _____

Applicant's Signature Spouse's Signature Date _____

MEMBERSHIP SPONSORED BY _____ Date _____

PRESIDENT'S SIGNATURE OF APPROVAL _____ Date _____