

Type of Membership Desired

Check One:

- Resident Family Golf Membership
- Non-Resident Golf Membership
- Social Athletic Membership
- Business Sponsored Membership (Please complete Business Sponsored section on back.)
- Resident Single Golf Membership
- Junior Golf Membership, Age: _____
- Social Dining Membership



Personal Information

Name in which membership will be held _____

Current Address _____
Street City State Zip Code

Secondary Address _____
Street City State Zip Code

Length of Time at Current Address _____ Length of Time at Secondary Address _____

Home Telephone Number _____ Social Security Number _____

Date of Birth _____ E-mail Address _____

Spouse's Name _____ Spouse's E-Mail Address _____

Date of Birth _____ Social Security Number _____

- Single
- Married
- Divorced
- Widowed

Please list your dependent Children.

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-Mail Address _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-Mail Address _____

Please send all Club correspondence to my: Current Address Business Address Secondary Address

Reference Information

Please list membership in other Clubs, fraternities or organizations and positions held _____

I am acquainted with the following Riverside Country Club Members:

Name (Sponsor) _____ for _____ years.

Name _____ for _____ years.

Please list an existing Bank Reference.

Name of Institution _____ Branch _____ Account Number _____

Contact Name _____ Telephone Number _____ Fax Number _____

Authorization

By signing this application for membership at Riverside Country Club, I hereby authorize Riverside Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the By-Laws and Rules and Regulations of Riverside Country Club in the present form or as may be amended.

I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card.

Card Type _____ Account Number _____ Expiration Date _____

In the event I default on my account, I acknowledge and agree I will also be responsible for all 3rd party collection fees, legal fees and court costs.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Riverside Country Club.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

TO BE COMPLETED FOR BUSINESS SPONSORED MEMBERSHIP

Type of Membership Desired

- Primary Business Sponsored Membership Business Sponsored Designee

If this is a Business Sponsored Designee Please check the category in which you wish to join:

- Resident Family Golf Membership Resident Single Golf Membership
 Non-Resident Golf Membership Junior Golf Membership, Age: _____
 Social Athletic Membership Social Dining Membership

Name of Sponsoring Business in which the Business Membership is held: _____

I understand that Business Sponsored Membership is available to corporations, general partnerships, limited liability companies and sole proprietorships. There shall be one primary member who must maintain a Resident Golf Membership. The primary member may designate up to a maximum of five (5) designees who are owners, officers, or employees of the corporation, general partnership, limited liability company, or sole proprietorship. Business primary members may be replaced once each year by the sponsoring business, and business designated members may be replaced once each year by the designating business primary member, in each case by a qualified individual meeting the requirement for such membership and upon payment of a transfer fee equal to ten percent (10%) of the initiation fee applicable to the corresponding non business sponsored class of membership specified at the time of replacement.

Dues for each member of the Business Sponsored Membership shall be the same as those charged in the applicable membership classification for which each individual would otherwise qualify. I hereby agree that all secondary members added to by business sponsored membership will be employees for whom the business is/his filed a W-4 form and will be preparing and disbursing an annual W-2 form. A copy of such forms may be required at the time of secondary member application.

I hereby guarantee payment for all dues, fees and purchases and waive the right for potential class voting rights for all secondary members on this business-sponsored membership.

A Business primary or business designated member that resigns, retires or otherwise terminates his or her affiliation with the sponsoring business and applies for a non-business sponsored membership within ninety (90) days of such termination shall be entitled, if the applicant is approved by the Board of Directors, to a ninety percent (90%) reduction of the otherwise applicable initiation fee for the membership class for which application is made.

Signature of Business Primary Member _____ **Date** _____

Signature of Business Sponsored Designee _____ **Date** _____



Riverside Country Club

Application for Membership



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