

REGENTS' GLEN COUNTRY CLUB

Membership Application

Applicant Information

Applicant Name: _____ Date: ___/___/___

Referring Member Name: _____

Date of Birth: _____ Drivers License #: _____ Phone: _____

Current Address: _____

Email (Used for billing and newsletters): _____ Sponsoring Member: _____

Circle Membership Type:

Golf Family

Golf Single

Golf Non Resident

Under 35yrs old? YES NO

Circle Membership Type:

Social Family

Social Single

Under 35yrs old? YES NO

Circle Membership Type:

Pool Membership

Dining Membership

Resident of Regents' Glen? YES NO

Spouse Information if Joint Membership

Name: _____

Date of Birth: _____ Phone: _____ Cell Phone: _____

Current Address: _____

Email: _____ Wedding Anniversary Date: _____

Children (Under 21 years of age)

Name: _____ Date of Birth: _____ Gender: _____

Name: _____ Date of Birth: _____ Gender: _____

Name: _____ Date of Birth: _____ Gender: _____

Employment Information

Employer: _____

Employer Address: _____ Occupation/Title: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Email: _____ Length of Service: _____



Spouse Employment Information

Employer: _____

Employer Address: _____ Occupation/Title: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Email: _____ Length of Service: _____

Nature of Business: _____

Emergency Contact

Name of a relative not residing with you: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Regents' Glen Authorization

I/We agree to pay my/our Membership Account, including all dues, fees, minimums, applicable taxes and all charges made to my/our account (“Monthly Charges”) in full each month for a minimum of one year, renewing annually. I/We hereby authorize the Club to submit my/our Monthly Charges to my/our credit card or debit card indicated below. I/We agree to maintain a current major credit card or debit card on file with the Club at all times. I/We understand if any amounts are rejected by the credit card or debit card issuer, I/We agree that a late charge up to the maximum amount allowable by law, or other penalties, may be assessed for past-due accounts as provided for in the Bylaws and Rules and Regulations of the Club, as amended from time to time. In addition to late fees, penalties may include, but are not limited to suspension of Club privileges and/or expulsion from membership. Payments on delinquent accounts apply first to reduce late charges and accrued dues, then to food and beverage charges, then to any other charges. I/We agree to pay all reasonable collection fees, attorneys’ fees, investigator fees, and any other costs in the event this account is turned over for collection.

I/We hereby authorize the Club to submit my/our Monthly Charges to my/our credit or debit card(s) indicated below. This authorization shall remain in effect until revoked 60 days after writing and such written revocation is delivered to the Club.

Signatures

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

Only if for a joint membership



Credit/Debit Card Information

Please indicate whether the following is a credit card or debit card: _____ Credit

_____ Debit Type of Card: AMEX MASTERCARD VISA

DISCOVER

Cardholder Name _____ Expiration date _____

Card Number _____

Billing Address _____

Signature _____ Date _____

Signature _____ Date _____

