



Membership Application

ASSIGNED MEMBER # _____

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

TITLE / SUFFIX _____

NICKNAME/PREFERRED _____

DATE OF BIRTH _____

GENDER _____

DATE JOINED _____

Please Circle as appropriate

PREFERRED PHONE CONTACT _____ Cell Home Work Other

SECONDARY PHONE CONTACT _____ Cell Home Work Other

EMAIL ADDRESS _____ Personal Work Other

HOME STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

COMPANY NAME _____

COMPANY TITLE/POSITION _____

COMPANY ADDRESS _____

CITY, STATE, ZIP CODE _____

TYPE OF MEMBERSHIP DESIRED

PLEASE CIRCLE ONE

Single (ages 28-59) \$175.00/mo	Senior (ages 60+) \$150.00/mo	Junior (ages up to 27) \$100.00/mo
Family Membership \$225.00/mo	Military/First Responder/Teacher \$150.00/mo	Richmond Hill Plantation Resident \$150.00/mo
	Corporate Membership \$150.00/mo per person	

WE REQUIRE A COMPLETED APPLICATION FROM EACH CORPORATE MEMBER PLEASE

PLEASE NOTE WHO HAS FINANCIAL RESPONSIBILITY IF IT IS NOT APPLICANT



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FAMILY DATA:

Please Circle as appropriate:

MARITAL STATUS:	SINGLE WIDOWED	DIVORCED	MARRIED	PARTNER	SIGNIFICANT OTHER	DATE OF BIRTH	CONTACT PHONE	E-MAIL ADDRESS
A. SPOUSE					M / F	_____	_____	_____
B. CHILD 1					M / F	_____	_____	_____
C. CHILD 2					M / F	_____	_____	_____
D. CHILD 3					M / F	_____	_____	_____
E. CHILD 4					M / F	_____	_____	_____
F. CHILD 5					M / F	_____	_____	_____
G. CHILD 6					M / F	_____	_____	_____

(Children must be under the age of 27 and enrolled in school to be part of a Family Membership or will be considered a Guest)

EMERGENCY CONTACT:

BILLING DATA:

I prefer to pay my dues / subscriptions / packages using:

<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Bank Account Draft
<input type="checkbox"/>	File Credit Card	<input type="checkbox"/>	File Bank Account Draft

I prefer to pay my daily club use/chit charges using:

NOTE: Chit charges will be charged/drafted daily. Dues payments will be drafted the 10th of each month. A \$35 fee will be charged for returned/rejected payments.

All billings and charges will be made in accordance with the membership contract details as agreed to and acknowledged by member signature.

Richmond Hill Golf Club will not maintain credit card or banking data within our software/hardware system. We have contracted with ETS/Evalon to maintain this data securely and process charges as/when we request.

CHARGE / DRAFT INFORMATION

With confirmation by this signature, I acknowledge that I give Richmond Hill Golf Club, its financial institutions, the contracted credit card processing company, and all involved staff permission to charge my credit card and/or draft my bank account as noted above for club related charges only. I acknowledge that I can change this permission in writing at any time, but I cannot and will not change my obligation to the above debts as I incur them and as specified by my membership contract.

Account Holder Signature: _____

DATE

CREDIT CARD NUMBER:

3 digit Security Code _____

Expiration Date _____

Billing Zip Code _____

BANK TO BE DEBITED:

ACCOUNT NUMBER _____

BANK ABA/ROUTING NUMBER: _____

PLEASE ATTACH VOIDED CHECK

DINING INFO:

COCKTAIL PREFERENCES: _____

SIGNATURES:

APPLYING MEMBER: _____

GUARDIAN (IF MEMBER UNDER 18) _____