



Application for Membership

Title (please circle one):

Mr. Mrs. Ms. Dr. Hon. Rev. Other: _____

Your Name _____

DOB ___/___/___

Spouse's Title (please circle one):

Mr. Mrs. Ms. Dr. Hon. Rev. Other: _____

Spouse's Name _____

DOB ___/___/___

Address _____

City, St. & Zip _____ **Home Phone** _____

Cell Phone _____ **Spouse's C#** _____

Employer _____ **Spouse's Employer** _____

Work Phone _____ **Spouse's W#** _____

Email Address _____ **Spouse's Email** _____

Children's Name _____ **DOB** ___/___/___

_____ **DOB** ___/___/___

_____ **DOB** ___/___/___

Membership Type:

Corporate**

_____ **Sponsorship** **\$2,500***
 _____ Platinum/Gold/Bronze _____*

Full Golf

_____ **Initiation Fee** **\$1,500***
 _____ Full Golf Plus \$369*
 _____ Weekday Plus** \$275*
 _____ National (Out of Area) \$215*

Young Executive**

_____ **Initiation Fee** **\$500***
 _____ Young Executive \$255-\$320*

Junior

_____ **Initiation Fee** **\$500***
 _____ Junior \$120*

Freedom Play**

_____ **Initiation Fee** **\$250**
 _____ FP / FP Plus Range \$100-\$125

American Hero**

_____ American Hero \$270*

*** All fees will be charged applicable tax and are listed at the "before tax" rate.**

Fees may be changed in accordance to club rules. Memberships are limited and may be sold out.**



Select one of the following options:

___ Please use the card below for my monthly dues & charges.

___ Please use the card below for my charging privileges only.

Credit Card Information

Billing Address _____

(if different than mailing address)

Card # _____

Expiration _____

CVV Code _____

I _____, authorize River Oaks Golf Club to charge the current amount of the monthly dues/charges from the above credit card on or before the 5th day of each month as long as I am a member at River Oaks Golf Club. There will be a \$25 service charge on all returned or declined monthly collections.

I understand that if I drop my membership for the winter months, I am subject to pay an initiation fee and/or "skipped" months dues to rejoin.

Cancellation of membership must be submitted in writing 30 days prior to my cancellation date.

Signature _____ **Date** ___/___/___

Agreement

Applicant acknowledges and agrees that by execution of this membership application, and acceptance of the application by River Oaks Golf Club, applicant shall be bound by all terms and conditions of the Bylaws and Rules and Regulations of the Club as currently in effect and as may be amended from time to time.

Name of Referral: _____



Bank Information

Financial Institution _____

Routing # _____

Acct. # _____

Billing Address _____

(If different than mailing address)

City _____ **State** _____ **Zip** _____

I _____, authorize River Oaks Golf Club to deduct the current amount of the monthly dues from the above checking / savings (circle one) account on or before the 5th day of each month as long as I am a member at River Oaks Golf Club. There will be a \$25 service charge on all returned or declined monthly collections.

I understand that if I drop my membership for the winter months, I am subject to pay an initiation fee and/or "skipped" months dues to rejoin.

Cancellation of membership must be submitted in writing 30 days prior to my cancellation date.

Signature _____ **Date** ____/____/____

Agreement

Applicant acknowledges and agrees that by execution of this membership application, and acceptance of the application by River Oaks Golf Club, applicant shall be bound by all terms and conditions of the Bylaws and Rules and Regulations of the Club as currently in effect and as may be amended from time to time.

Name of Referral: _____