



FOR OFFICE USE ONLY	
Member # _____	Total Fee \$ _____
Initiation Fee \$ _____	Trail Fee \$ _____
Monthly Fee \$ _____	Billing Start: _____

Membership Application

Type of Membership: Individual Family

PLEASE PRINT LEGIBLY

Primary Member (Last, First) _____ Birth Date: ___/___/___ Gender: M ___ F ___
 Address: _____ City: _____ Zip: _____
 Employer: _____ Title: _____
 Business Address: _____ City: _____ Zip: _____
 Home Phone: (___) _____ Cell Phone: (___) _____ Bus. Phone: (___) _____
 Email: _____ Driver's License #: _____ State: _____
 Other Club Affiliations: _____ Golf Handicap: _____

Additional Members (Family Memberships Only)

For Family membership, please provide information for spouse and/or each child 21 years of age or younger whose primary residential address is the same as yours and to whom you intend to extend the membership.

Name (Last, First)	Gender	Relationship	Birth Date	Age	Golf Handicap
1. _____	M F	_____	___/___/___	___	_____
2. _____	M F	_____	___/___/___	___	_____
3. _____	M F	_____	___/___/___	___	_____
4. _____	M F	_____	___/___/___	___	_____

Payment Options: Credit Card Check (payable to Granite Oaks Management)

CC Authorization

I hereby authorize Granite Oaks Management (GOM) to initiate charges to my credit card. I understand the charge will be initiated on the **first of each month**. If GOM is unable to charge your account, GOM will try to notify you and/or double charge your account at the time of the next pay cycle. You may be charged a service fee in this event. It is your responsibility to check your monthly credit card statements to ensure that the proper transaction has taken place. **Please Acknowledge** _____

Check Payments

Payments by check should be made payable to Granite Oaks Management and are due by the **first of each month**. **Please Acknowledge** _____

Cancellation Policy

Debit authority will remain in effect until Granite Oaks Management has received **written notification** from me of its termination. Once the membership is terminated, **one (1) additional draft** is required to fulfill membership obligations unless the membership is cancelled on the day of the draft, then no other draft will be required. Any changes or freezes made to the account require a **30-day notice** prior to the next draft date. Unless notification of cancellation is received, your membership will continue and your fees will automatically be drawn from your account. Rates are subject to change. **Please Acknowledge** _____

First Charge Date: ___/___/___ Monthly Charge \$ _____ Membership Start Date: ___/___/___
 CC Holder Name: _____
 CC #: _____ CC Exp. Date: ___/___ Security Code: _____
 CC Holder Signature: _____ Date: ___/___/___

I hereby make application for membership to River Creek Golf Course and agree to abide by all rules, regulations, and policies made by Granite Oaks Management. I confirm that the information provided above is complete and accurate. **MEMBERSHIPS AND INITIATION FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.** Any accounts over 30 days past due will forfeit privileges and membership will be cancelled.

Member Signature: _____ Date: ___/___/___