



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.

Table with 6 columns: Name (Last, First), Gender, Relationship, Birth Date, Age, Golf Handicap. Rows 1-4.

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 a charge will be initiated on the first of each month, and if GOM is unable to charge my credit card, GOM will try to notify me and/or double charge my credit card at the time of the next pay cycle.

Check Payments

I understand payments by check must be made payable to Granite Oaks Management and are due by the first of each month. Initials: _____

Cancellation Policy

I understand debit authority will remain in effect until Granite Oaks Management has received written notification from me of its termination. Once my membership is terminated, I understand one (1) additional draft is required to fulfill membership obligations unless my membership is cancelled on the day of the draft, then no other draft will be required.

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: ___/___/___