



## *Red Bridge Golf & CC Golf Membership Application*

I accept my invitation to membership at Red Bridge Golf Club and provide the following for the club's use in approving my application:

**Classification of membership desired:**

Individual \_\_\_\_\_  
Family \_\_\_\_\_  
Senior \_\_\_\_\_  
Senior Family \_\_\_\_\_  
Locust Individual \_\_\_\_\_  
Locust Family: \_\_\_\_\_  
Fire-Rescue-Police \_\_\_\_\_  
Corporate \_\_\_\_\_

**MEMBERSHIP INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Handicap: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

(Email Address used for all membership correspondence throughout the year.)

**SPOUSE INFORMATION** (Family Memberships Only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Handicap: \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
(Email Address used for all membership correspondence throughout the year.)

**DEPENDENT INFORMATION** (Unmarried children under the age of 23. Family & Corporate Memberships Only.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**CREDIT INFORMATION**

The undersigned hereby authorizes the disclosure and release of information to Red Bridge Golf & CC for verifying his/her qualifications for membership and authorizes those persons or entities set forth in this application to furnish information to Red Bridge Golf & CC, including providing a credit report to the club.

I certify that the information provided above is accurate and correct to the best of my knowledge. I also attest that I have read, understand and accept the conditions presented in the accompanying Membership Agreement.

All Membership cancelations require a 30-day written notice. Cancellation notices received after the 1<sup>st</sup> of the month will be effective on the last day of the following month. Member will be responsible for dues billed during both months.

Membership's classifications are not exchangeable within a calendar year. Terminated members are not eligible to rejoin the club within a 12-month period.

I authorize Red Bridge Golf & CC to charge the following credit card, in the event my club dues and any additional charges are more than 45 days late. Red Bridge Golf Club reserves the right to charge member dues and monthly charges at the end of each month with a 30-day notice in writing.

**Credit Card Type:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_  
General Manager - Head Golf Professional \_\_\_\_\_ Date \_\_\_\_\_