

VALLEY VIEW GOLF CLUB APPLICATION FOR MEMBERSHIP - 2024

MEMBERSHIP	ANNUAL PAYMENT	INITIATION FEE	*MONTHLY PAYMENT
<i>Family (includes Spouse and Children under 18)</i>	\$2195 annually	\$350	\$205/monthly
<i>Single Membership</i>	\$1303 annually	\$350	\$122/monthly
<i>Young Professional (24-30 years old)</i>	\$994 annually	\$150	\$93/ monthly
<i>Young Adult (18-23 years old and a student)</i>	\$529 annually	\$0	\$50/monthly
<i>Afternoon Program (1 pm and after)</i>	\$791 annually	\$150	\$74/monthly
<i>Afternoon-Add On (added to a current active Membership)</i>	\$550 annually	\$0	\$53/monthly
<i>Out of Town (Any person living over 100 miles from VVGC)</i>	\$457 annually	\$100	\$43/monthly
<i>Junior (17 years old and under...M-Th anytime, after 2 pm on Weekends & Holidays...certain event restrictions)</i>	\$351 annually	\$0	\$33/monthly
<i>Corporate Membership (ask for details)</i>	\$4217 annually	\$0	NA

* All Monthly Memberships are required to stay on for a minimum of 12 months.

I/We hereby make this application for the above Membership in Valley View Golf Club. In making the Application, it is expressly understood that my/our Application and potential Membership is subject to the approval of the Board of Directors. If accepted for Membership, I/We agree to abide by all of the applicable rules and regulations of Valley View Golf Club, Inc. I/We understand that annual & monthly Membership Fees will be assessed yearly hereafter.

ANNUAL MEMBERSHIP FEES will become due the last day of the calendar month of my/our acceptance of Membership. If unpaid by the last day of the anniversary month, my/our Membership, I/We acknowledge that my/our Membership will be suspended for 30 days, and if Membership and applicable late fees (5%) remain unpaid following a 30 day suspension, Membership will be terminated.

MONTHLY MEMBERSHIP FEES shall be debited from my/our account within the first 3 business days of every calendar month. I/We acknowledge that in addition to the execution of the Authorization Agreement for Direct Payment (ACH Debits) I/We have tendered an initial payment of the amount representing dues for the first and last months of my/our 12 month Membership contract.

NAME OF APPLICANT (please print) _____ Date of Birth _____

MAILING ADDRESS _____ Home Phone _____

Cell Phone _____

EMAIL _____ Driver's License on file Y _____ N _____

NAME OF SPOUSE & FAMILY (children 17 & under living at home) WHO WILL BE ON YOUR MEMBERSHIP...

SPOUSE/DOB _____ EMAIL _____

CHILD (1)/DOB _____ CHILD (2)DOB _____

CHILD (3)DOB _____ CHILD (4)DOB _____

Please list any references you would like for the Board to consider in relationship to your Membership Application:

I understand that all monies paid to Valley View Golf Club, Inc. will be refunded if my Membership Application is not approved.

DATE OF APPLICATION: _____

SIGNATURE: _____