



VALLEY VIEW GOLF CLUB, INC.
3748 Lawrence Banet Road
Floyds Knobs, IN 47119



APPLICATION FOR MEMBERSHIP- 2022

<u>Single*</u>	_____ \$1252 annually	_____ \$116 monthly
<u>Family w/child under 18</u>	_____ \$2110 annually	_____ \$201 monthly
<u>Senior Citizen</u> (62 and older) <i>(Mon- Fri., Sat. - Sun. after 2pm)</i>	_____ \$790 annually	_____ \$74 monthly
<u>Young Adult</u> <i>(18-23 years and a student)</i>	_____ \$508 annually	_____ \$49 monthly
<u>Junior:</u> _____ <i>(18 and younger)</i>	_____ \$337 annually	_____ \$33 monthly
<u>Out of Town:</u>	_____ \$439 annually	_____ \$42 monthly
<u>Young Professional</u> (24-30)	_____ \$955 annually	_____ \$91 monthly
<u>Corporate Membership</u>	_____ \$4135 annually	

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 period of suspension, membership will be terminated.

Monthly membership fees shall be debited from my/our account within the first 5 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 twelve (12) month membership contract.

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email Address: _____ Driver's License on file: Y _____ N _____

Name of Spouse and/or Children who would be joining you in membership:

_____ Date of Birth: _____
Spouse

_____ Date of Birth: _____

_____ Date of Birth: _____
Child

_____ Date of Birth: _____
Child

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

I understand that all monies paid to VVGC, Inc., will be refunded if my Application is not approved.

DATE OF APPLICATION: _____ SIGNATURE: _____