



Valley View Golf Club, INC  
 3748 Lawrence Banet Road  
 Floyds Kobs, IN 47119

**2023 APPLICATION FOR MEMBERSHIP**

Single*	_____ \$1252 Annually	_____ \$116 Monthly
Family w/ Child Under 18	_____ \$2110 Annually	_____ \$201 Monthly
Young Adult (18-23 years & a student)	_____ \$508 Annually	_____ \$49 Monthly
Junior (18 and younger)	_____ \$337 Annually	_____ \$33 Monthly
Out of Town	_____ \$439 Annually	_____ \$42 Monthly
Young Professional (24-30 years old)	_____ \$955 Annually	_____ \$91 Monthly
Corporate Membership	_____ \$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: \_\_\_\_\_ Child

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child

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

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

DATE OF APPLICATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_