



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



APPLICATION FOR MEMBERSHIP- 2023

INITIATION FEE: \$250

<u>MEMBERSHIP</u>	<u>ANNUAL PAYMENT</u>	<u>MONTHLY PAYMENT</u>
<u>Single</u>	_____ \$1277 annually	_____ \$120 monthly
<u>Family w/child under 18</u>	_____ \$2152 annually	_____ \$201 monthly
<u>Senior Citizen</u> (62 and older) <i>(Mon- Fri., Sat. – Sun. after 2pm)</i>	_____ \$806 annually	_____ \$76 monthly
<u>Young Adult</u> <i>(18-23 years and a student)</i>	_____ \$518 annually	_____ \$49 monthly
<u>Junior: (18 and under)</u> <i>(Mon- Fri., Sat. – Sun. after 2pm)</i>	_____ \$344 annually	_____ \$33 monthly
<u>Out of Town:</u> <i>(Primary Residence 100 miles+ away)</i>	_____ \$448 annually	_____ \$42 monthly
<u>Young Professional</u> (24-30)	_____ \$974 annually	_____ \$91 monthly
<u>Corporate Membership</u>	_____ \$4217 annually	N A

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: (please print) _____

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:

Spouse

Date of Birth: _____

Child

Date of Birth: _____

Child

Date of Birth: _____

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: _____