



Membership Application

Date of Application: _____

PRIMARY MEMBER [please print]:

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____
Home Cell

Email: _____ Social Security Number: _____
(Required)

SECONDARY MEMBER [plus one]:

Name: _____ Date of Birth: _____
Last First Middle

Email: _____ Cell: _____

DEPENDENT INFORMATION(family membership):

Name: _____ Date of Birth: _____
First Middle

Name: _____ Date of Birth: _____
First Middle

BUSINESS INFORMATION:

Company: _____ Position: _____

Address: _____
Street City State Zip Code

Work Phone: _____ Email: _____

PERSONAL REFERENCES:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

RULES AND REGULATIONS:

It is understood that if I do not comply with the rules and regulations and bylaws of Riviera Golf Club promulgated by the Board of Trustees and other committees, I will be subject to suspension or expulsion by the Board of Trustees. Furthermore, I understand that the membership dues and other fees are non-refundable. In addition, I understand that I must pay my expenses to the club in full by the 15th day of the month. If not paid in full within the specified period, the club may charge my account with a 5% late fee and/or charge all expenses to my credit card. I also understand that my access to the club may be denied after a period of 30 days past due. Furthermore, I understand that failure to pay the balance may result in a collection process. I will be held liable for all expenses stated as well as the balance due.

It is understood that my agreement is for one year, a 12-month obligation, at the same membership classification. The total contractual cost is \$_____. I may cancel my membership after 12 months by giving a 60-day notice in writing. During this period, I am responsible for all monthly dues and all mandatory fees as well as food and beverage minimums. If for any reason I cancel my membership before the 12 months are paid in full, the balance of that 12-month contract will be due in full. If that amount due exceeds 30 days, a service charge equal to 2% of the unpaid balance will be added monthly.

The undersigned does hereby agree and consent that all of the information stated on the application may be verified and processed by a licensed credit bureau.

Applicant Signature: _____ **Date:** _____

Secondary Signature: _____ **Date:** _____