

CONTACT INFORMATION

Name:		D.O.B.:	
Address:			
City:	State:	Zip:	
Home Phone:	Business Phone:		
Email Address:			
Current Employer:			
Employer's Address:			
Employer City:	State:	Zip:	
Referred By:			
Would You Like to Receive Your Member Statement Electronically:		□ NO	

FAMILY MEMBERSHIPS			
Spouse:	D.O.B.:		
Children Under Age 23:			

MEMBERSHIP CATEGORY			
Full Falls Village Membership	□ Single \$164 / Month	□ Family* \$209 / Month	
3-Course Membership	□ Single \$179 / Month	□ Family* \$231 / Month	
Weekday Membership	□ Single \$117 / Month	□ Family* \$149 / Month	
Player Development Membership	□ Single \$49 / Month	□ Family* \$79 / Month	

*Family Memberships – includes the legal spouse of the Member who is living in the Member's home and unmarried children who are under the age of 23 and either living in the Member's home or attending school on a full-time basis.

ADDITIONAL AMENITIES		
Unlimited Annual Cart Plan	□ Single \$105 / Month	□ Family* \$155 / Month
Unlimited Annual Driving Range Plan	□ Single \$30 / Month	□ Family* \$231 / Month

CREDIT CARD EZ-PAY				
Falls Village Golf Club is authorized to charge the following credit card account for monthly dues and purchases made by the member including any appropriate late fees.				
□ American Express □ VISA □ Master Card	Discover			
Card Number:	Exp. Date:			

HOLD HARMLESS

I hereby acknowledge that the use of the Club Facilities and any privilege or service incident to the membership is undertaken with knowledge of the risk of possible injury. I hereby accept any and all risk of injury to myself, my guest, and family sustained while using the Club Facilities or involved in any event or activity incident to membership in the Club. In accepting the risk of injury, I understand that I am relieving Falls Village Golf Club, the Club, and any of their managers, directors, officers, employees, and affiliates from any and all loss, cost, claims, injury, damage, or liability sustained or incurred by me, my guest, and my family resulting from or arising out of conduct or event connected with membership in the Club and use of any of the Club Facilities.

VERIFICATION OF APPLICATION

Upon signing the Application for Membership, I hereby authorize the disclosure and release of information to the Club for investigating my qualifications for membership and authorize those persons or entities herein to furnish information to the Club, including providing a credit report to the Club.

ACKNOWLEDGEMENT OF MEMBERSHIP RIGHTS

Membership in the Club permits the member to use the Club Facilities in accordance with this Membership Plan. Membership in the Club is not an investment in the Club or its facilities, and does not provide the member with an equity or ownership interest or any vested or prescriptive right or easement in or to use the Club or its facilities. Members will not be entitled to vote or participate in the management of the Club. If approved for membership in the Club, the member agrees to be bound by the terms and conditions of the Membership Plan and irrevocably agrees to fully substitute the membership privileges acquired pursuant to this Membership plan, as the same may be amended from time to time, for any present or prior rights in or to use the Club Facilities. The Club reserves the right, in its sole discretion, to reserve memberships, to terminate or modify this Membership Plan, to discontinue operation of any or all of the Club Facilities, to issue or terminate any category of membership, to convert the Club into a member-owned club, and to make any other changes in the terms and conditions of the membership or the Club Facilities available for use by members, except for the obligation to refund the membership deposit.

MINIMUM COMMITMENT AGREEMENT

I hereby acknowledge that I am committing myself to pay dues within the guidelines of a member of Falls Village Golf Club for a minimum of twelve months from the enrollment date. I also acknowledge that this membership does not expire, and a written resignation must be submitted with a minimum of 30 days advanced notice in order to terminate. If no such notice is made within the rules and regulations of the club, dues will continue to be assessed to my account on a monthly basis after the original commitment term. If the minimum 12-month commitment is not met, the member will incur an additional charge for any promotion applied during the membership. In order to re-enroll at the club after cancellation, a 12-month waiting period will be required.

Member Signature	Date	
Accepted by	Date	,

PLEASE REMIT TO: Derrick Hart, PGA Fax : (919) 596-4653 Email : dhart@fallsvillagegolfclub.com 115 Falls Village Lane - Durham, NC 27703