

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

(\_\_\_\_) (\_\_\_\_) Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Key Fob # \_\_\_\_\_

### FAMILY MEMBERS WITH ACCESS TO CLUB FACILITY

(To be eligible, child must be under the age of 25 and the child must be living at home or attending school as a full-time student)

Spouse Name _____ Birthdate: ____/____/____ Email: _____ Key Fob# _____	Child/Dependent Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ____/____/____ Email: _____ Key Fob# _____	Child/Dependent Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ____/____/____ Email: _____ Key Fob# _____	Child/Dependent Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ____/____/____ Email: _____ Key Fob# _____
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#### Types of Membership (Monthly payment; Credit Card option available)

**GOLF with CART**    Single \$375    Family \$450

**JUNIOR with CART**    Single/Family \$300  
*(Age 32 & Under)*

**SOCIAL**    Single \$40    Family \$50

Initiation Fees \$ \_\_\_\_\_    Bag Storage \$ \_\_\_\_\_    Locker \$ \_\_\_\_\_

OTHER \_\_\_\_\_

*\*All dues above do not include tax.*

Your Membership Begins \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Your 1st Payment will occur on... \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Discount \_\_\_\_\_ \$ \_\_\_\_\_

One Time Initiation Fee \$ \_\_\_\_\_

Tax \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

PAID BY    Cash    Check # \_\_\_\_\_    Charge

Member Sponsor/How did you hear about our membership? \_\_\_\_\_

#### Authorization for Payment of Dues - Electronic Bank Draft or Monthly Credit Card

I authorize GreatLife KC and the financial institution named on the attached check or deposit slip to deduct, the amount of my monthly dues and any charges made to my membership account, from the account identified on the attached check or deposit slip. I understand my automatic payment will be deducted on the 15th day of each month. If the 15th falls on a weekend or bank holiday, the deduction will be drafted on the next business day following the 15th. Changes in account or bank information must be submitted in writing to GreatLife KC. Changes must be received prior to the 1st business day of any given month in order to be processed for that month's payment. Canceling a bank draft does not cancel a membership or cancel charges accrued on the membership account. In the event that a bank draft is revoked or an account is closed and new bank information is not received, the membership will be transferred to the "annual payment" option and the remaining amount due under the terms of the Application will be owed. Early termination will require a 30 day notice in writing to club management. The member can not move to a lower-priced membership rate without permission from club management. An annual payment is 12 months, if you resign before the 12 months are complete, you will be refunded a pro-rated amount.

**CHECKING** (Attach voided check)

**SAVINGS** (Attach deposit slip) \_\_\_\_\_  
Financial Institution \_\_\_\_\_

\* Annual Credit Card Processing Fee is \$75

**CREDIT CARD**   Card Type (circle one) VISA   MC   DIS   AMEX

CC# \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

#### WAIVER/RELEASE

I hereby agree to participate and/or engage in the use of the course, equipment, facilities and programs offered by the Club upon the understanding and agreement that:

- Acknowledging the desirability of a physical examination before participation, I represent to the Club that I am physically capable of participation in the program of my choice without injury. I warrant and represent to you that I have no disability, impairment or ailment preventing me from engaging or participating in activity that will be detrimental or injurious to my health, safety, or physical condition if I do so engage or participate.
- I am aware of the risks of illness or injury inherent in any golf, tennis, exercise or swimming program. These injury risks include, but are not limited to: being hit by golf balls, golf clubs, golf carts, or lightning; stepping or tripping in holes or other natural indentations in the ground; injury from insects, animals, birds or snakes; drowning; infections from water in the pool; pulled muscles or other sprains and strains. I am participating in the Club's programs upon the express understanding that I hereby indemnify, waive and release the Club, its employees, agents, officers, Directors, Successors, and Assigns from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs (hereafter referred to as the "Claims") arising out of my participation in the program(s) or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Club from and against any and all such Claims.
- I assume full responsibility for myself and anyone who becomes a member under this Application, including any children/dependents of mine, or any of my guests, and shall indemnify Management it's affiliates, agents and employees against any and all liability incurred by them toward such. I understand and agree that any person who is a party to my Membership Application will also be a party to this waiver/release. I hereby execute and deliver this waiver and release so that I may participate in the program(s) offered by the Club.

Member \_\_\_\_\_ Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Rules for the club are on file at the club. By initialing here, you agree to abide by all rules of the club \_\_\_\_\_