



TRADITIONAL MULTI-COURSE MEMBERSHIP APPLICATION

THE PRESERVE – CHAPEL RIDGE – FALLS VILLAGE

CONTACT INFORMATION			
Name:		D.O.B.:	
Address:			
City:	State:	Zip:	
Home Phone:	Business Phone:		
Email Address:	Social Security Number: - -		
Current Employer:			
Employer's Address:			
Employer City:	State:	Zip:	
Home Course Choice:	Referred By: <small>Please list 1 source</small>		

FAMILY MEMBERSHIPS		
Spouse:		D.O.B.:
Child 1:	Child 2:	Child 3:
D.O.B.:	D.O.B.:	D.O.B.:

MEMBERSHIP CATEGORY			
<input type="checkbox"/> Individual	\$179 Monthly	\$1000	\$0 Initiation Fee
<input type="checkbox"/> Family*	\$231 Monthly	\$1000	\$0 Initiation Fee

**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.*

CREDIT CARD EZ-PAY	
The Tradition 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	
<input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	
Card Number:	Exp. Date:

PLEASE READ AND SIGN BACK OF APPLICATION



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 Traditional Golf Properties, 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 Traditional Golf Properties for a minimum of 12 months. 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 12-month commitment.

Member Signature_____ Date_____

Accepted by_____ Date_____

PLEASE REMIT TO:

Gene Fones

Fax : (919) 542-5591

Email : gphones@traditionalclubs.com

840 The Preserve Trail - Chapel Hill, NC 27517