

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 _____ Birthday: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Email: _____ Key Fob# _____	Child/Dependent Name _____ Birthday: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Email: _____ Key Fob# _____	Child/Dependent Name _____ Birthday: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Email: _____ Key Fob# _____	Child/Dependent Name _____ Birthday: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female 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)

FITNESS/SOCIAL Single \$50 Family \$75

ANNUAL POOL Single \$500 Family \$750

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 by Monthly Credit Card Draft

I authorize Saint Joseph Country Club the amount of my monthly dues and any charges made to my membership account from the payment method on file. 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 deductions will be drafted on the next business day following the 15th. Changes in account information must be submitted in writing to Saint Joseph Country Club. 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 credit card or payment does not cancel a membership or cancel charges accrued on the membership account. In the event that payment is revoked or new payment 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 (prior to April 1 of any given year) will only be accepted in the event of a member who passes away or a member who has accepted military assignment out of the area for more than 30 days.

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, it's employees, agents, officers, Directors, Successors, and Assigns from any and all claims, costs, liabilities, expenses or judgements, including the 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 _____