



APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

CC#

Card Type:

Expiration:

Billing Address:

City:

State:

Zip:

DL#

DOP:

INFORMATION IF JOINT MEMBERSHIP

Name:

Name:

Name:

Name:

MEMBERSHIP PACKAGES

Presidential

Annual: \$1,500

Monthly: \$250

VP

Annual: \$1000

Monthly: \$208

Executive

Annual: \$500

Monthly: \$166

Junior

Annual: \$250

Practice Facilities

Annual: \$500

Monthly: \$50

SIGNATURES

I authorize that this agreement between myself and the River Oaks Golf Club grants the specified membership contingent with the package chosen. All memberships are to be paid in full prior to use unless otherwise specified by Membership Director. Initiation is due prior to first time use and all monthly payments shall be received no later than the 5th of every month in the twelve-month cycle. In the event of a payment not being delivered in the time specified: River Oaks Golf Club will issue a written notice of termination of Membership as well as a \$25 penalty.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership)*:

Date:

Stipulations

Cash, check or credit cards are acceptable. Member may play unlimited golf with the following exceptions. Tournament and league play will have priority. Member must always check in with ID prior to tee off. Excludes tournament entries. Unforeseen or uncontrollable circumstances such as weather will not be deemed suitable for a refund.