



VALLEY VIEW MEMBERSHIP APPLICATION

APRIL 1ST 2014 TO MARCH 31ST 2015

VALLEY VIEW GOLF CLUB

1511 GEORGE RD NE, LANCASTER, OH 43130

WEEKDAY MEMBERSHIP RATES ARE MONDAY THROUGH FRIDAY EXCLUDING HOLIDAYS.

SENIOR WEEKDAY MEMBERSHIP RATES GOOD FOR MONDAY-FRIDAY, EXCLUDING HOLIDAYS.

FULL MEMBERSHIP RATES ARE 7 DAYS A WEEK.

VALLEY VIEW RESERVES THE RIGHT TO CHANGE RATES AT ANY TIME. CONTRACT IS BINDING UPON DATE OF SIGNATURE AND DOWN PAYMENT FOR CURRENT PERIOD.

MEMBER BENEFITS: 10% DISCOUNT ON PRO SHOP APPAREL AND CLUBS, A MEMBER CHARGE ACCT, EXCLUSIVE TOURNAMENTS, PLAY FOR DESIRED AMOUNT OF TIME.

Membership Rates are as follows.

Cart Inclusive includes Carts for March 1 to November 30. Dec. - Feb. carts not included.

I hereby apply for: (Check or fill in number for all that apply)

Fill in number		check mark	Cart Inclusive Excludes Dec 1.-Feb 28	Total Prices
MEN'S _____	@Full Membership Rate	\$870____	\$1500____	\$_____
	@Weekday Member Rate	\$760____	\$1300____	_____
	@Initiation Fee <u>New Mem</u>	\$100____		_____
WOMEN'S _____	@Full Membership Rate	\$610____	\$1200____	_____
	@Weekday Mem Rate	\$525____	\$1000____	_____
	@Initiation Fee <u>New Mem</u>	\$ 50____		_____
FAMILY(2) _____	@Full Membership Rate	\$1295____	\$2300____	_____
	@Weekday Membership	\$1024____	\$1050____	_____
	@Initiation Fee <u>New M.</u>	\$100____		_____
Plus number of additional age 21 or less) _____ @		\$190____	NA	_____
(additional family members must be in same household or in college)				
JUNIOR _____ (Age 21 or less)	@Full Membership	\$460____	NA	_____
SENIOR 60 & OLDER	@Weekday Only Rate M-F	\$700____	\$1200____	_____
	@Initiation Fee New Member	\$ 50____		_____
NON RESIDENT:				
-----(:Located outside of Fairfield County)---Less 10%				-10%_____
EXTENDED FAMILY (3 relatives at \$1700)		\$1700		_____
\$350 ea additional # _____ @ \$370				_____
For Cart All Inclusive Add \$630 for each person			No.____@ \$630=	_____
LOCKERS _____ @ \$45			LOCKER	_____

TOTAL----- TOTAL \$ _____

paid by _____(check, MO, cash, cc) date _____ PAYMENT \$ _____

BALANCE DUE _____

NAME _____ E-MAIL ADDRESS _____

CELL PHONE: _____

ADDRESS _____

NAME _____ E-MAIL ADDRESS _____

CELL PHONE: _____

ADDRESS _____

HOME PHONE of Acct Holder: _____

(See Additional Sheet for other Family members)

For Family & Extended Family Memberships

ADDITIONAL FAMILY MEMBERS ON ACCOUNT:

NAME _____ RELATIONSHIP _____

Cell Phone _____ E-MAIL _____

Separate Bill _____ or On Primary Acct. _____

NAME _____ RELATIONSHIP _____

Cell Phone _____ E-MAIL _____

Separate Bill _____ or On Primary Acct. _____

NAME _____ RELATIONSHIP _____

Cell Phone _____ E-MAIL _____

Separate Bill _____ or On Primary Acct. _____

NAME _____ RELATIONSHIP _____

Cell Phone _____ E-MAIL _____

Separate Bill _____ or On Primary Acct. _____

THE FOLLOWING SECTION IS FOR CHARGE ACCOUNT MAINTENANCE.

EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

CREDIT REFERENCES:

1. _____

NAME	RELATIONSHIP	PHONE
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2. _____

NAME	RELATIONSHIP	PHONE
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BANK AFFILIATION: _____

() CHECKING () SAVINGS

IF YOU DESIRE A PAYMENT PLAN: 1ST PAYMENT OF 10% DOWN PLUS INITIATION FEE, IF IT APPLIES, IS DUE BY APRIL 1ST. A 3% FEE IS CHARGED AT THE END OF EVERY MONTH ON THE PREVIOUS BALANCE OF YOUR ACCOUNT AND BILLING WILL BE SENT OUT THE FIRST WEEK OF EVERY MONTH. YOUR ACCOUNT IS TREATED AS A REVOLVING ACCOUNT FOR CHARGES AND PAYMENTS AT VALLYE VIEW. ACCOUNTS ARE EXPECTED TO BE PAID IN FULL BY NOVEMBER 1ST. VALLEY VIEW RESERVES THE RIGHT TO REJECT AN APPLICATION AND ALSO MAY CANCEL SAME (WITH PRO RATED REFUND) ANYTIME DURING THE SEASON'S PLAY, DUE TO SUCH CAUSES AS "WILLFUL VIOLATION" OF CLUB RULES, REGULATIONS, ETC... ALL MEMBERSHIPS ARE VALID ONLY FROM APRIL 1ST TO THE FOLL OWING MARCH 31ST. THIS IS A CONTRACT THAT IS VALID AS LONG AS MEMBER REMAINS IN THE ABOVE CLUB-EXEMPTING RATE CHANGES. **I AGREE TO THE ABOVE CONDITIONS OF THIS APPLICATION** AND UNDERSTAND THAT ALL INFORMATION IS KEPT CONFIDENTIAL AND NO PERSONAL INFORMATION WILL BE SOLD TO OTHER COMPANIES. WE HAVE THE RIGHT TO CALL REFERENCES, INCLUDING BANK AND CREDIT CARD COMPAINIES FOR CREDIT CHECKS AND REFERENCES.

By signing below, Permission is granted by responsible party for family members and juniors listed above to charge purchases to your account unless otherwise noted. Please disclose any limits you wish to make for yourself or family on your account. _____

Print Name of responsible party: _____

Signature: _____