

# Geneva Golf Club

## Membership Application

### MEMBER CLASSIFICATION

\_\_\_ Associate Member

\_\_\_ Social Member

\_\_\_ Junior Member 31-35

\_\_\_ Junior Member 26-30

\_\_\_ Junior Member 20-25

### PERSONAL

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Email Address \_\_\_\_\_ Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Spouse/Significant Other Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Email Address \_\_\_\_\_ Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### PROFESSIONAL BACKGROUND

Employer \_\_\_\_\_ Position \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Position \_\_\_\_\_



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### REFERING MEMBER INFORMATION

Name of Sponsor \_\_\_\_\_

Name of Referring Member (If different then Sponsor) \_\_\_\_\_

Name of Supporting Member \_\_\_\_\_

Name of Supporting Member \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

Please Note: Sponsor must be a Regular/Equity Member in good standing. The Sponsor and both Supporting Members must submit a letter of recommendation/introduction as part of the application process.

### APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

I hereby make application for membership in Geneva Golf Club. I agree to be bound by the provisions of the Bylaws of the club, agree to follow all Club Policies, and to pay all fees and charges applicable to my membership category.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### PRE AUTHORIZED PAYMENT AGREEMENT

I \_\_\_\_\_ authorize Geneva Golf Club to charge my bank account indicated below on the 16<sup>th</sup> of each month for payment of my monthly statement balance

Name on Account \_\_\_\_\_ Bank Name \_\_\_\_\_

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to notify Geneva Golf Club in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Geneva Golf Club may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

