



Application for Membership

Date of Application _____

Class of Membership _____

Name (Print) _____

Social Security # _____ - _____ - _____

Date of Birth _____

E-Mail Address _____

Family memberships please provide names and date of births:

Name _____ Name _____ Name _____

DOB _____ DOB _____ DOB _____

Residence Address _____ Zip Code _____

Home / Cell phone # _____ - _____ - _____ Work phone # _____ - _____ - _____

Business Address _____ Zip Code _____

Employer _____ Position held _____ Time in role/company _____

Membership in other clubs in the past five years:

Club _____ Address _____ Dates _____

Club _____ Address _____ Dates _____

References for the Membership Committee to contact:

Name _____ Home/Cell phone # _____ - _____ - _____

Name _____ Home/Cell phone # _____ - _____ - _____



Member Contract

To the best of my knowledge all information in my Membership Application is correct and accurate, and if any of the above statements prove to be false, the Board of Directors has the right to demand an immediate resignation. If this application is favorably acted upon by the Board of Directors, the undersigned hereby agrees to be bound by the provisions of the By-Laws, Rules and Regulations and all amendments and additions thereto and further agrees to pay promptly all statements covering dues and other charges rendered by the Club. Monthly billing statements will be sent via email, however, not receiving these statements will not be viewed as grounds for missing a scheduled payment as defined by the schedule below. Late fees will not be waived for any reason. Credit Cards can be and are encouraged to be placed on file to ensure the required scheduled dues payments are satisfied.

I _____ agree to enter into and sign the following Membership Contract for the membership year of November 1, 2019 through October 31, 2020. I understand that that by signing below, I am financially obligated to pay all dues, food minimums and miscellaneous fees associated with my yearly membership regardless of any unforeseen circumstances that may occur throughout the membership year. If membership dues are not paid in full prior to November 30th 2019, I agree to pay 25% of the membership category balance by November 30th 2019 and the remaining 7 monthly payments as scheduled. I understand and agree that if my monthly balance due is not paid in full by the first day of the new billing cycle a 10% late fee will be added to your next statement. Additionally, I acknowledge that I am required to pay all food minimums directly to Valley Top Tavern based on membership category. I understand that if my account becomes 45 days past due, my membership and/or food privileges will be revoked from the Club and turned over to an attorney for collections. In the event of collections, I would be responsible for all expenses incurred by the club to include, outstanding balance and attorney fees. To be reinstated I must settle all debts and fees.

Member Signature: _____ Date: _____ Member #: _____

Parent or Legal Guardian Signature (If applicable): _____

Credit Card Payment Authorization

I _____ authorize Allendale Country Club & or Valley Top **(please circle one or both)** to charge my Credit Card indicated below on the first of each month that is required.

Billing Information Name (Print) _____

Home/Cell phone # _____ - _____ - _____ E-Mail Address _____

Address _____ Zip Code _____

Card Details (circle one): Visa Mastercard American Express Other _____

Name on Card _____ CC Number _____

Expiration Date ____ / ____ CVV# _____ Signature _____ Date _____