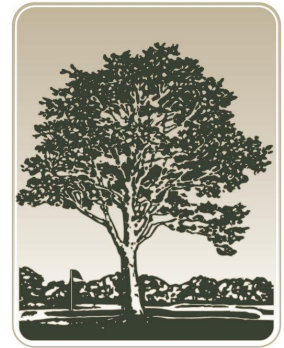


Office Use Only

Membership Category	
Start Date	
Notes	

Member # _____
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**RIDGEWAY**  
**COUNTRY CLUB**  
*Where you belong.*

## Membership Application

TODAYS DATE:	
--------------	--

PROSPECTIVE MEMBER INFORMATION			
Last Name:	First Name:	Nickname:	
Address:			
City:	State:	Zip Code:	Length of Residence:
Social Security Number:	Date of Birth:	Home Phone:	
1 <sup>ST</sup> Member Cell # & Provider:	1 <sup>ST</sup> Member Email:		
BUSINESS INFORMATION			
Company:	Position:	Length of Present Employment:	
Address (no P.O. Box addresses):			
City:	State:	Zip Code:	
Business Phone:	Business Cell or Fax:	Business Email:	
Previous Company:	Position:	Length of Previous Employment:	

SPOUSE INFORMATION			
Last Name:	First Name:	Nickname:	
Date of Birth:	Social Security #	Cell # & Provider:	Email:
SPOUSE BUSINESS INFORMATION			
Company:	Position:	Length of Present Employment:	
Address (no P.O. Box addresses):			
City:	State:	Zip Code:	
Business Phone:	Business Cell or Fax:	Business Email:	

DO YOU WANT TO BE INFORMED VIA TEXT OF CLUB ACTIVITIES? Yes ___ No ___
PROVIDERS: AT&T - SPRINT - T MOBILE - VERIZON _____ OTHER

**REFERENCES**

Please list three current Ridgeway Country Club Members only

Name:

Name:

Name:

**SPECIAL INTERESTS**

Please list all information regarding special interests.

Hometown:

Spouse's Hometown:

Favorite Sport/Team:

Spouse's Favorite Sport/Team:

Alma Mater:

Spouse's Alma Mater:

**DEPENDENT INFORMATION**

Please list all children under the age of 21.

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

Name:

Date of Birth:

**CONTACT PREFERENCES**

Please send all statements and notices to:

Home Address

Business Address

Please send all social and club correspondence to:

Home Address

Business Address

RCC Annual Assessments

\_\_\_\_\_ Initials

**MEMBERSHIP CLASSIFICATION**

Payments must be submitted with application.

*Please make checks payable to Ridgeway Country Club.*

Category:

Initiation Fee:

Total Amount of Check:  
\$

**AGREEMENT**

The undersigned hereby applies for membership in the Ridgeway Country Club and agrees to remain a member for a period of not less than twenty-four (24) months, transfers out of the area excepted. It is further understood that Club privileges shall not begin until this application is approved by the Ridgeway Country Club Board of Directors. Furthermore, the undersigned hereby agrees to pay for all dues, assessments, and/or charges for food and service costs within 30 days, and further agrees to pay all costs, including reasonable attorney fees and expenses, and court costs incurred in the cost of the indebtedness.

BY-LAWS

**30 DAYS NOTICE REQUIRED FOR ALL MEMBERSHIP RESIGNATIONS**

It is understood that if I do not comply with the By-Laws of the Ridgeway Country Club Corporation and the Rules and regulations promulgated by the Director and different committees effective at present and in the future, I will be subject to suspension or expulsion by the Board of Directors.

Applicant's Signature:

Date:

Spouse's Signature:

Date:

**APPROVED AND ACCEPTED**

Name:

Date:

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize and request any law enforcement agency, financial institution, or other person having personal knowledge about me to furnish Data Facts, Inc. any and all information in their possession regarding me, in connection with an application for membership with Ridgeway Country Club.

I understand and offer my consent for Data Facts, Inc. to inquire into and/or obtain any records such as credit and criminal histories.

My signature on this form waives any rights I may have to bring action for defamation, invasion of privacy, or similar causes against Data Facts, Inc., and/or agents or clients of Data Facts, Inc.

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Applicant Signature:

Date:

Applicant's Full Name:

Maiden Name/ Former Married Name – Date of Change:

Driver's License Number and State:

Social Security Number:

Date of Birth:

Current Address:

City/ State:

County:

Length of Residence:

Previous Address:

City/ State:

County:

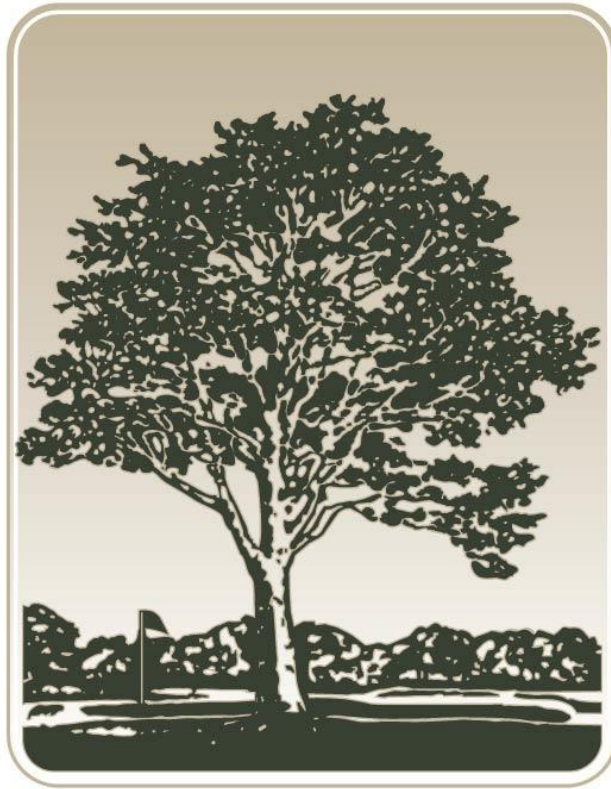
Length of Residence:

Previous Address:

City/ State:

County:

Length of Residence:



**RIDGEWAY**  
**COUNTRY CLUB**

*Where you belong.*

*Ridgeway Country Club*

9800 Poplar Ave Memphis, TN 38139  
Office 901.853.2247 ♦ Fax 901.853.2260

*Founded 1861*

[www.ridgewaycountryclub.com](http://www.ridgewaycountryclub.com)