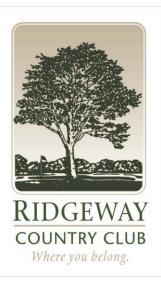
Office Use Only

Membership	
Category	
Start Date	
Notes	

Member #



Membership Application

TODAYS DATE:	

PROSPECTIVE MEMBER INFORMATION											
Last Name:			First Name:				Nickname:				
Address:											
City:			State:		Zip Code:			Length of Residence:			
Social Security 1	Number:			Date of Birth:		Hom	e Pho				
1 ST Member Cell # & Provider:			1 ST Member Email:								
			BUSIN	ESS INFORM	[A]	FION					
Company:				Position:				Length of I	Present Employment:		
Address (no P.O. B	ox addresses):										
City:					St	State: Zip Coo					
Business Phone:	Business Phone: Business Cell or			Fax: Business Email:							
Previous Company:				Position: Length of			Length of I	Previous Employment:			
			SPOU	JSE INFORMA	٩TI	ION					
Last Name: First Nar			me:				Nickname:				
Date of Birth:	Social Security #	¥	Cell ∦ &	Provider: Ema			Emai	úl:			
		SPO	DUSE BU	USINESS INFO	DR	MAT	ION				
Company:						Length of Present Employment:					
Address (no P.O. Box addresses):											
City:			State:		Zip Code:						
Business Phone:		Busine	ness Cell or Fax:			Business Email:					
DO YOU WANT TO BE INFORMED VIA TEXT OF CLUB ACTIVITIES? Yes No											
PROVIDERS: AT&T - SPRINT - T MOBILE - VERIZONOTHER											

REFERENCES							
Please list three	current Ridgev	vay Co	untry	Club Members	only		
Name:							
Name:							
Name:							
	SPECIAL I	NTER	ESTS				
Please list all information regarding special interests.							
Hometown:			Spouse's Hometown:				
Favorite Sport/Team:		Spous	se's Fa	vorite Sport/Tear	n:		
Alma Mater:		Spous	se's Al	ma Mater:			
]	DEPENDENT I	NFOR	MAT	ION			
Pleas	e list all childre	en unde	er the	age of 21.			
Name:	Date of Birth:	Name:		0	<u>0</u>		
Name:	Date of Birth:	Name:			Da		
Name:	Date of Birth:	Name:					Date of Birth:
	CONTACT P	REFEF	RENC	ES			
Please send all statements and notice	es to:			Home Address		Bus	siness Address
Please send all social and club corres	pondence to:		Home Address Business Ad			siness Address	
RCC Annual Assessments			Initia	S			
	EMBERSHIP (
	ts must be subi <i>checks pavable</i>			application. <i>ay Country Club</i>			
				ion Fee:			
	AGRE	EMEN	Т		Ψ		
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. It is further understood that Club privileges shall not begin until this application is approved by the Ridgeway Country Club Board of Directors.							
BY-LAWS 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:	Date:		
APPROVED AND ACCEPTED							
Name: Date:							

ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSUMER REPORT

CONSUMER REPORT DISCLOSURE

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks.

The investigations will be conducted by Data Facts, 8000 Centerview Pkwy, Suite 400, Cordova, TN 38018, (800) 813-4381, www.datafacts.com.

I acknowledge that I have received and read multiple stand-alone documents provided to me, including the CONSUMER REPORT DISCLOSURE, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER APPLICABLE NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of consumer reports by EMPLOYER (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all information requested by Data Facts, 8000 Centerview Pkwy, Suite 400, Cordova, TN 38018, (800) 813-4381, www.datafacts.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid 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:				