

Office Use Only

Membership Category	
Start Date	
Notes	

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

## Membership Application

TODAYS DATE:	
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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 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:

**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: