



Applicant Information:

Date: _____

Membership Category _____

Name _____

Spouse's Name (including Maiden Name) _____

Home Address _____

Phone_() _____ Date of Birth ____/____/____

Cell_() _____

Email _____

Business Information (Corporate Memberships Only)

Company Name _____

Address _____

Phone_() _____ Position _____

Fax-() _____ E-Mail Address _____

Organizations in which you are affiliated with _____

Family Information (spouse and children up to age 21)

| Name | Relationship | Date of Birth | Golfer? |
|-------|--------------|---------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I understand that all information contained in this application is true to the best of my knowledge. Any misstatement, false, misleading or otherwise inaccurate information provided to the Club by me shall be a basis for either my non-acceptance as a member, or my removal as a member if such misstatement, false, misleading or otherwise inaccurate information is revealed subsequent to my admission to membership.

Have you ever used a name other than the name used on this application?

Yes _____ No _____ If yes, give details _____

Have you ever been convicted of any criminal offense other than traffic violations?

Yes _____ No _____ If yes, give details _____

The undersigned hereby makes application to become a Member at the Alpine Country Club under the _____ membership category; agreeing to abide by its constitution, by-laws, rules and regulations thereof. I hereby acknowledge that if my membership application is approved and I am accepted as a member, my obligations to the club to pay dues and other obligations as a condition of continued membership constitutes a valid and binding contract enforceable in the Courts of the State of RI and I agree to submit myself to the jurisdiction of the courts and the Laws of the State of RI.

I understand that each year, I am responsible for all annual dues, fees and other financial obligations applicable to my category of membership as determined by the Board. Resignation within the year does not negate my responsibility to these charges. I understand that all dues paid are non-refundable and that I must resign on or before December 15th of any year of my membership, in accordance with the club by-laws. If I fail to do so, my membership obligations will continue for the year following or during said year if after Dec 31st. I will be responsible for all dues and other membership obligations as result of my resignation after December 15th until December 31st of the following year. I further understand that all charges on my account are due and payable on the 15th of each month, in accordance with my monthly statement. Any payments not received by the last day of each month will be subject to a \$50 late fee and the club may elect to charge interest on past due accounts. I understand I am obligated to keep a working credit card on file that will be charged if my statement is not paid within 45 days.

In the event that I default on my obligation to pay dues or any other financial obligations to the club, I will be responsible for all reasonable costs of collection including but not limited to reasonable attorney fees, court costs, and interest charges.

Signature _____ Date _____

WAIVER AUTHORIZATION – CRIMINAL HISTORY

This waiver Authorization expressly authorizes any State, Federal or Local Police Department, or law enforcement agency, to furnish Alpine Country Club any and all criminal information it may retain concerning me.

Full Name _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Present Address _____

How long at the present address _____

Previous Address _____

How long at prior address _____

Witness

Signature

Print Witness Name

CREDIT APPLICATION

New Member Application

Applicant's Full Name _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Present Address _____

_____ How Long _____

Previous Address _____

_____ How Long _____

Current Employer

Company Name _____

Address _____

_____ How long employed _____

Phone_(____) _____ Position _____

Bank Name _____

Please Circle: Checking: YES / NO Savings: YES / NO

The undersigned applicant apply to the Alpine Country Club named above for an obligation defined as a "legitimate permissible purpose" as indicated above and allowed by the Fair Credit Reporting Act, 15 U.S.C. § 1681. By signing below the applicant certifies that all the above information is true and correct in every respect. This application is not for employment or any restricted purpose. Applicant(s) hereby authorize the Alpine Country Club, and/or its agent Strategic Information Resources, Inc., to verify any and all of the above information and to obtain a consumer credit report. Applicant(s) understands and agrees that the decision to grant or deny the request contained herein is at the sole discretion of the Alpine Country Club.

Applicant's Signature _____ Date _____

Alpine Country Club _____ Date _____

Membership Chairman