



Membership Category \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_

Spouse's Name (including Maiden Name) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone\_( ) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Cell\_( ) \_\_\_\_\_

Email \_\_\_\_\_

**Business Information**

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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 \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details \_\_\_\_\_

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The undersigned hereby makes application to become a Member at the Alpine Country Club under the \_\_\_\_\_ membership; 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 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, and 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 upon receipt of my monthly statement.

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 and court costs.

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