



TYPE OF MEMBERSHIP DESIRED

Check One:

- | | | |
|---|---|---|
| <input type="checkbox"/> Premier Voting Non-Equity | <input type="checkbox"/> Business Premier | <input type="checkbox"/> Club Lifestyle |
| <input type="checkbox"/> Premier Single Voting Non-Equity | <input type="checkbox"/> Legacy | <input type="checkbox"/> Junior Annual Tennis |
| <input type="checkbox"/> Young Professional | | |

PERSONAL INFORMATION

Name _____

Current Address _____
Street City State Zip Code

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ Email Address _____

Spouse or Significant Other's Name _____ Spouse or Significant Other's Email _____

Date of Birth _____ Significant Other's Phone _____

Single Married Divorced Widowed

Please list your unmarried children under the age of 25	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

BUSINESS INFORMATION

Applicant's Occupation/Profession _____

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Email Address _____

Spouse or Significant Other's Occupation/Profession _____

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Email Address _____



REFERENCE INFORMATION

Have you ever been proposed for Membership in this or any other Club and been rejected or had your application withdrawn? If so, please explain

Two horizontal lines for text input.

I am acquainted with the following Members at The Ranch Country Club

Four horizontal lines for names, each followed by 'for _____ years'.

I was referred to The Ranch Country Club, and approve referral credit for the below Member(s)

Two horizontal lines for text input.

Signature of Applicant

I have friends/family that I would be honored to suggest for Membership to the Club. Please provide them Membership information!

Four horizontal lines for Name, Significant Other Name, Phone Number, and Email.

AUTHORIZATION

By signing this application for Membership at The Ranch Country Club, I hereby authorize The Ranch Country Club through it's representatives, to make inquiry of my financial condition, our family and professional background, and specifically authorize them to make inquiry of consumer credit reporting organizations. The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability, answered honestly all application questions. If my application for Membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of The Ranch Country Club in the present form or as may be amended. I understand that my Membership with The Ranch Country Club may be terminated at any time by determination of the Board in its sole discretion with or without cause.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my Membership and any of my family Members who will be utilizing The Ranch Country Club. Failure to utilize The Ranch Country Club and its offerings does not relieve me of obligation of Membership, dues and cancellation procedures.

Four horizontal lines for Signature of Applicant, Date, Signature of Spouse/Significant Other, and Date.



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Ranch Members Group, Inc. (“the Company”) may obtain information about you from a consumer reporting agency for business need purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for a business need is an investigation into your education and/or employment history conducted by Choice Screening., 13000 E Control Tower Rd, Englewood, Colorado 80112, (877) 929-7878, choicescreeing.com, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Ranch Members Group, Inc. (“the Company”) at any time after receipt of this authorization, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by Choice Screening., 13000 E Control Tower Rd, Englewood, Colorado 80112, (877) 929-7878, choicescreeing.com, (“the Agency”), another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

Are you at least 18 years of age? If not, please have your legal guardian sign this form as well.

Signature of Applicant

Date

Signature of Spouse/Significant Other

Date

Applicant Social Security Number

Spouse/Significant Other Social Security Number



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Name _____

Current Address _____

City _____ State _____ Zip Code _____

I hereby authorize The Ranch Country Club, hereinafter called COMPANY, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY BANK, to debit same to such account in the amount of my invoice due for the month on the 15th day of each month (or first business day thereafter).

Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Transit/ABA# _____ Account # _____

Type of Account Checking Savings

This authority is to remain in full force and effect until COMPANY and DEPOSITORY BANK has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it.

Signature of Applicant

Date

ATTACH VOIDED CHECK HERE
(Deposit tickets are not acceptable)