



New Membership Application & Agreement

I accept my invitation to Membership and provide the following for use by Atlas Valley Golf Club LLC, in establishing my Membership account at Atlas Valley Golf Club, a private, non-equity facility.

PRIMARY MEMBER

MR. DR. MRS. MS.

Name: _____

Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____

Company Name: _____

Type of Business: _____ Title: _____

Length of Employment (Years): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Other than a traffic violation, have you ever been arrested or indicted? YES NO

If yes, please explain: _____

MR. DR. MRS. MS.

SPOUSE INFORMATION

Name: _____

Date of Birth: ____/____/____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Home: _____

Phone: _____



8313 Perry Road | Grand Blanc, MI | (810) 636 7977

Email: _____

Cell Phone: _____

Company Name: _____

Type of Business: _____ Title: _____

Length of Employment (Years): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Other than a traffic violation, have you ever been arrested or indicted? YES or NO

If yes, please explain: _____

8313 PERRY RD. | GRAND BLANC, MI 48439

PHONE: (810) 636-7977 | MEMBERSHIP@ATLASVALLEYGOLF.COM | ATLASVALLEYGOLF.CO



DEPENDENT INFORMATION

NAME(S) (23 & UNDER)	DATE OF BIRTH	GENDER
1. _____	____/____/____	____
2. _____	____/____/____	____
3. _____	____/____/____	____
4. _____	____/____/____	____
5. _____	____/____/____	____

G.A.M HANDICAP INFORMATION - GOLF MEMBERSHIPS ONLY

The primary golf member will be charged annually with a handicap fee of \$40. Any additional members of the family who will require an established handicap will also incur a \$40 fee. *Handicap required to play in leagues or tournaments.*

PLEASE LIST ADDITIONAL MEMBERS:

- 1. _____
- 2. _____

MEMBERSHIP INFORMATION

I am applying for Membership in the following category : _____

PLEASE LIST ANY PRIOR CLUBS YOU WERE A MEMBER OF:

- _____
- _____

I authorize Atlas Valley Golf Club LLC, and or its affiliates, to perform a background check, check my credit and employment history and to obtain such information the Club deems necessary to extend credit to me under the Membership account at the Club.

(APPLICANT'S SIGNATURE)

DATE

(CO-APPLICANT/SPOUSE SIGNATURE)



PHOTO RELEASE

The undersigned acknowledges and agrees that photography and video taken at Atlas Valley Golf Club may be used for any Club marketing and promoting.

MINIMUM TERM

It is understood and agreed that golf and social memberships are a privilege at Atlas Valley Golf Club and that memberships are limited. Therefore, it is intended that the membership term is to be a seasonal membership that will auto renew at the beginning of the next year. Therefore, the undersigned applicants, jointly and severally, guaranty payment to the Club for the minimum term of the current season in addition to all other amounts that become due and owing. In the event the membership is terminated within the first year of enrollment, the undersigned remain fully liable for the minimum contract term balance. Commencing on the first day of the next year, membership status shall continue until termination.

RESIGNATION

It is agreed that Applicant may resign from the Club by giving written notice to the Club. If the resignation notice is received by the fifteenth day of the month, the resignation will be effective at the end of the month received. Resignation received after the fifteenth of the month will be effective on the month succeeding the month of receipt. Resignations will be reviewed and decided upon by the Board of Advisors and approved only when the account has no balance owed.

MEMBERSHIP

Memberships are non-transferable. Applicant agrees that in the event of a corporate reorganization or personal divorce, this membership is not divisible and this membership shall be allocated by agreement of all claimants, or in the absence of agreement, by court order. Such allocations are subject to sole approval of Club Management. The successor to the membership shall execute all necessary documentation requested by the Club.

Payment of membership fees does not give any right, interest or ownership in the property or assets of AVGC.

STATEMENTS AND AUTO-PAY

The undersigned acknowledges and agrees to electronic statements to be sent by the 1st of each month to the email listed on the application (agreement). The undersigned agrees to maintain a current bank account or credit card on file for automatic payments by the 10th of each month. Applicant agrees the Club may assess a late charge for past-due accounts as provided in the Rules and Regulations of the Club, as amended from time to time. Payments on delinquent accounts apply first to reduce late charges and accrued dues, then to food and beverage charges, then to any other charges. Dues and other Club charges are considered luxuries under the applicable laws. Applicant agrees to pay all reasonable attorney fees, investigator fees and cost in the event this account is turned over for collection.

PERSONAL GUARANTY

The undersigned applicants, jointly and severally, guaranty and promise to pay to Atlas Valley Golf Club LLC, the payment of all sums due and owing to Atlas Valley Golf Club by applicants and their guests. Further, Applicant agrees to pay all costs and expenses incurred by Atlas Valley Golf Club in connection with the enforcement of this agreement and the rules and regulations, including, but not limited to, attorneys' fees, court costs, investigator fees and collection costs.



WAIVER OF LIABILITY AND INDEMNITY

The Undersigned Member(s) agrees and recognizes that he/she, their family members and guests use the Club at their own risk and the Member, and not the Club, accepts and assumes full and unconditional responsibility for all losses, injuries, disease or sickness, including, but not limited to, COVID-19, resulting to the Member and his/her guests and family members while on Club property. Except in the event the Club is grossly negligent, the Member hereby releases, indemnifies, and holds harmless the Club and their affiliates from any and all claims including any and all claims brought by the undersigned member(s) guests regardless if registered or unregistered, and each of their respective principals, owners, officers, directors, employees, agents, and representatives from and against any and all claims, liabilities, damages, expenses, injury, sickness, disease, death, suits of whatever nature and attorney fees and costs, arising out of, or connected in any way with the Club.

PHOTO IDENTIFICATION

Along with your application please provide a photocopy of your valid driver's license or passport.

ACKNOWLEDGMENT AND GUARANTY

I, the undersigned, am applying for membership at Atlas Valley Golf Club. I agree and personally guaranty to pay all dues, fees, accounts & other indebtedness owed to Atlas Valley Golf Club. I agree to abide by its rules, regulations and policies or otherwise, and to accept, abide and be governed by the membership rules, regulations and policies of Atlas Valley Golf Club that may change from time to time with or without notice. I also agree to pay for any and all damage to club property, which may be incurred as the result of my conduct and the conduct of my spouse, children and guests. I understand this is a legally binding agreement and shall be governed by the laws of the State of Michigan. I consent to the jurisdiction of the state or federal courts the result of my conduct and the conduct of my spouse, children and guests. I understand this is a legally binding agreement and shall be governed by the laws of the State of Michigan. I consent to the jurisdiction of the state or federal courts serving Atlas Township, Michigan for venue of all disputes with Atlas Valley Golf Club.

(APPLICANT'S SIGNATURE)

DATE

(CO-APPLICANT/SPOUSE SIGNATURE)

DATE



RECURRING PAYMENT AUTHORIZATION FORM

It is the Club Policy to schedule your payment to be automatically deducted from your bank account, or charged to your Visa, Master Card, American Express or Discover Card. Please complete and sign this form to get started!

RECURRING PAYMENTS WILL MAKE YOUR LIFE EASIER:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges.

HERE' S HOW RECURRING PAYMENTS WORK:

You authorize regularly scheduled charges to your credit card. You will be charged each billing period. Any change of account for recurring charges must be made to the management office prior to charges being made per this agreement. Any bounced or denied charges will be assessed a late fee and penalty and may result in Membership termination.

PLEASE COMPLETE THE INFORMATION BELOW:

I _____ authorize Atlas Valley Golf Club LLC, and or its affiliates, to charge my
(FULL NAME) Credit card.

The statement balance for the member account will be charged on the 10th of following month. At

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

CREDIT CARD INFORMATION

<input type="radio"/> Visa	<input type="radio"/> MasterCard
<input type="radio"/> Amex	<input type="radio"/> Discover
Cardholder Name _____	
Card Number _____	
Exp. Date _____	
CVV _____	

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Wabeek Club in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Wabeek Club may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these charges with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.