

Valley View Golf Course on Fall Creek Membership Application
Po Box 85 , 6950 W County Road 850 N , Middletown, Indiana 47356
Fax Application to: 765-354-4909 or Email PDF Format to: susan@valleyviewgolfonfc.com

APPLICANT INFORMATION

Name _____ Spouse Name _____

Date of Birth ____ / ____ / ____ Spouse Date of Birth ____ / ____ / ____

Mailing Address _____

City _____ State _____ Zip _____

Contact Number _____ Email _____

DEPENDENT INFORMATION
(if selecting Youth Add On)

(Dependents are 18 years of age and under)

Name(s)		Male or Female
_____	Date of Birth ____/____/____	M____ F____
_____	Date of Birth ____/____/____	M____ F____
_____	Date of Birth ____/____/____	M____ F____

PAYMENT OF MEMBERSHIP INFORMATION

Membership category: ___ Regular Membership ___ Couple Membership ___ Senior Membership
 ___ Military Membership ___ Qty of Youth Add On

Total Fee \$ _____

MEMBERSHIP POLICIES

Initial _____

If accepted into membership, I/we agree to conform to and be bound by the enrollment terms contained herein, the Bylaws, the Rules and Regulations, and written membership policies of the Club (“Membership Documents”) as they may be amended from time to time. I/We further understand that agreeing to be bound by the Membership Documents is a part of my/our agreement for membership privileges with the Club. I/We specifically understand this membership is not divisible. I/We hereby acknowledge receipt of a copy of the Bylaws and the Rules and Regulations of the Club.

I/WE ACKNOWLEDGE THE MEMBERSHIP BYLAWS AND THE RULES AND REGULATIONS PROVIDE THE DETAILS OF THE CLUB’S MEMBERSHIP POLICIES, CONDUCT AND OBLIGATIONS, INCLUDING, BUT NOT LIMITED TO, PROVISIONS IN THE EVENT OF DIVORCE, FOR ARBITRATION OF DISPUTES, RESIGNATION, REDEMPTION OF MEMBERSHIPS, FINANCIAL OBLIGATIONS, DISCIPLINARY ACTION, RELEASE OF LIABILITY FOR PERSONAL INJURY AND THEFT. I/WE HEREBY FULLY RELEASE AND DISCHARGE THE CLUB, ITS EMPLOYEES, AGENTS, SHAREHOLDERS, AFFILIATES AND ASSIGNS FROM ANY LIABILITY, INJURY, LOSS, DAMAGE OR CLAIM ARISING FROM MY/OUR USE OF THE CLUB FACILITIES.

By providing the address(es) (including e-mail), phone numbers(s), and fax number(s) above, I/we hereby give the Club my/our express written permission to contact me/us at each number or address to keep me/us informed about Club events, services and offerings. I/We acknowledge that the Club values my/our right to privacy. I/We understand that I/we can revoke this consent at any time by contacting the Club in writing.

I/We agree the terms and conditions of my/our membership may not be added to, amended, or contradicted in any way by evidence of prior, contemporaneous, or subsequent oral agreements of any kind and acknowledge there are no unwritten oral agreements of any kind. By signing below, we hereby certify that we hold a marriage license, or a certificate of domestic partnership or civil union, which evidences our existing spousal relationship. If we do not hold one of the above, we acknowledge that the Club requires execution of a separate Spousal Relationship Statement.

Applicant Signature

Date

Spouse Signature (Family Membership)

Date

