

# *the Briarwood*

Have you been a Member of The Briarwood previously? \_\_\_\_ If so, did you leave in good standing? \_\_\_\_\_

## MEMBERSHIP CATEGORIES (Mark One)

- Proprietary Resident
- Single
- Business
- Young Professional
- Elite Social
- Social
- Non-Resident

## APPLICATION FOR MEMBERSHIP

### CLUB USE ONLY

Membership No. \_\_\_\_\_

Board Action \_\_\_\_\_ Date \_\_\_\_\_

Club Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant Information

Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Marital Status:  Single  Married (Anniversary Date: \_\_\_\_\_)

### HOME CONTACT INFORMATION

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Company/Employer Name \_\_\_\_\_ Position \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### COMPANY CONTACT INFORMATION

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

## Spouse/Significant Other Information

Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

### HOME CONTACT INFORMATION

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Company/Employer Name \_\_\_\_\_ Position \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### COMPANY CONTACT INFORMATION

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_



This Membership agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2018, between The Briarwood Golf Club of Yellowstone County, Montana and \_\_\_\_\_ referred to as the Member.

**Recitals**

In consideration of matters described herein and of the mutual benefits and obligations set forth in the Agreement, the parties agree as follows:

1. The Member agrees to be bound by the By-Laws of The Briarwood, as the same now exist and which may be adopted or revised from time to time.
2. Any payments 30 days delinquent are subject to a late fee.
3. All payments must be set-up as a credit/debit card payment. A Current Card must remain on file.
4. This agreement is a (2) year commitment upon first payment of monthly dues.

**Credit/Debit Card Information (Required)**

Visa\_\_ MasterCard\_\_ American Express\_\_ Discover\_\_ Card#\_\_\_\_\_ Exp\_\_\_\_\_

CVV\_\_\_\_\_

Name on Card\_\_\_\_\_ Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

- I authorize the Briarwood to charge my credit/debit card on file for all dues/fees that I occur Monthly.
- I am fully aware that Briarwood has the authority and will charge my credit/debit card on file, for all dues/fees that are deemed past due after 45 days of non-payment!

**Acceptance**

I have read, accepted and agreed to all conditions of this agreement. I understand that there will be no written or verbal amendments or changes other than those referred to in this agreement.

IN WITNESS WHEREOF, the parties have executed the Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Briarwood Member

\_\_\_\_\_  
As Representative of THE BRIARWOOD



### DEPENDENT INFORMATION

Unmarried children under the age of twenty-one (21) years (23 if attending college) may enjoy the privileges of the Club subject to such rules and regulations as the Board of Directors may adopt. Please list all eligible children:

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	

### REFERENCES

#### Sponsoring Member:

1. Name \_\_\_\_\_ Signature \_\_\_\_\_ Member # \_\_\_\_\_

#### Co-Sponsoring Member:

2. Name \_\_\_\_\_ Signature \_\_\_\_\_ Member # \_\_\_\_\_

### CONDITIONS OF APPLICATION AND MEMBERSHIP

Upon acceptance by The Briarwood, applicant agrees to

- abide and be governed by the bylaws and rules and regulations of the Club which may be adopted or revised from time to time
- assume full responsibility for all Members of his/her family who are covered by this Membership and applicant further acknowledges that The Briarwood shall be entitled to reimbursement of any and all fees which it incurs as a result of collection from said applicant

Applicant hereby authorizes The Briarwood, to whom this application is made, to contact any credit bureau or other investigative agency to investigate his/her financial and credit responsibility. Applicant understands and accepts the conditions listed above and understands that all credit information is used in making the final determination of acceptance or rejection of this application. Applicant further releases The Briarwood from any responsibility associated with this application's approval or denial, and subsequent credit report.

I  
**Applicant Name:** \_\_\_\_\_  
Please Print Signature Date

**Spouse/Significant Other Name:** \_\_\_\_\_  
Please Print Signature Date