



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 Activity
- Activity
- 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 _____



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.

Applicant Name: _____
Please Print Signature Date

Spouse/Significant Other Name: _____
Please Print Signature Date

the Briarwood

This Membership Contract made this _____ day of _____, 20__, between The Briarwood 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 accounts must be set-up with a credit/debit card on file.

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.

4. **Initiation Fee must be included with application.**

____ CASH ____ Check ____ Credit Card/Debit Card provided below

3% surcharge on credit cards (does NOT include debit cards)

Credit/Debit Card On File (Required)

____ Visa ____ MasterCard ____ American Express ____ Discover
Card# _____ Exp _____ CVV _____
Name on Card _____ Address _____
City _____ State _____ Zip _____

AUTOPAY by Credit/Debit card:

- I authorize the Briarwood to charge my credit/debit card on file for all dues/fees that I occur Monthly.

Note: there is a 3% surcharge on credit card transactions (this does not include debit cards)

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 _____, 20__.

The Member (Applicant)

As Representative of THE BRIARWOOD