



GOLF MEMBERSHIP

Membership Offerings							
Option	Access	Monthly Dues		Annual Cost (7 Months)		Annual Prepaid	
Eagle	Seven days a week	Single	\$250	Single	\$1,750	Single	\$1,667
		Family	\$350	Family	\$2,450	Family	\$2,333
Weekday	Monday -Thursday Anytime Friday before 9:00 am & after 3:00 pm Saturday & Sunday after 3:00 pm	Single	\$150	Single	\$1,050	Single	\$1,000
		Family	\$225	Family	\$1,575	Family	\$1,500

Benefits Applicable to All Membership Options Above:

- **No Green Fees:** Pay only a cart fee \$15.00
- **Tee Time Privileges:** Make tee times 14 days in advance
- **Member Tournaments:** Member Invitational, Club Championship
- **Practice Program:** Unlimited use of the driving range and practice facilities for additional \$100
- **CDGA Handicap:** Available for additional \$30 annual fee
- **Walking allowed for members only**
- **Discounted Member-Guest Rates:** Limited to 7 guests (two foursomes)

Terms and Conditions of Membership: Membership benefits and/or rates may not be combined with any other offer, discount, promotion, or special. Not valid with group play, and/or tournaments except as specifically designated by management. Tee times subject to availability. Membership benefits and/or green, cart or range fees are subject to change without notice. Members must show membership card to receive benefits. Membership card and benefits are not transferable and have no cash value. Members must abide by all golf course rules. Proper Dress Code will be enforced – collared shirts for men, no jeans allowed. Membership is valid for an initial term 12 months from the date of purchase; **if you elect to cancel your membership for any reason during the initial 12 month term, you will be obligated for the remaining annual term, regardless of payment method.** After the initial term the membership shall continue on a month to month basis and may be canceled by either party with 30 day advanced written notice. Family membership includes spouse and dependent children under the age of 19 living in the same household. Eagle Ridge reserves the right to revoke, revise or modify membership programs at anytime without prior notice. In the event of a revocation of the membership, a pro-rata refund of amounts actually paid will be available upon the request of the member. This is an annual program and members have no guarantee of renewal on the same terms and conditions. **For additional information please contact Reagan Davis at 815-776-5228 or rdavis@eagleridge.com or Laura Cowell at 815-776-5066 or lcowell@eagleridge.com**

MEMBERSHIP APPLICATION

Staff Member _____ Member # _____

Type of Annual Membership applied for:

GOLF MEMBERSHIP

MONTHLY DUES

Single \$250 Family \$350

ANNUAL PRE-PAID

Single \$1,667 Family \$2,333

GOLF WEEKDAY MEMBERSHIP

MONTHLY DUES

Single \$150 Family \$225

ANNUAL PRE-PAID

Single \$1,000 Family \$1,500

DRIVING RANGE: Yes No \$100 per person

Applicant Billing Information

Name _____ Birth Date _____

Employer _____ Occupation _____

Email address _____

I hereby authorize Eagle Ridge Resort to send messages and updates to the provided email addresses.

Work _____ Cell Phone _____

Home Phone _____

If family membership... Spouse Name _____

Dependent children under the age of 19 _____

Mailing Address (where all billing and member correspondence should be mailed):

_____ City _____ State _____ Zip _____

Name & Phone number to contact in case of emergency _____

Name & Phone number to contact in case of emergency NOT LIVING IN YOUR HOUSEHOLD:

Authorization (choose one)

I agree to the Terms and Conditions of Membership and hereby authorize Eagle Ridge Resort to charge to the following credit card account for any Dues, Fees and Charges associated with this Membership for a minimum of the initial 12 month term and month to month thereafter. Either party may cancel the membership after the initial term with 30 days written notice. **(Initials required)** _____

I agree to the Terms and Conditions of Membership and hereby authorize Eagle Ridge Resort to charge to the following credit card account for the Annual Pre-Paid Fee (see above). **(Initials required)** _____

Type of card: American Express Visa MasterCard Discover

Name on Card _____

Card Account _____ Expiration Date _____

Authorized Signature _____ VPN# _____ Today's Date _____