



ETOWAH VALLEY
GOLF & RESORT
Membership Application

Please Print

Name _____ Date of Birth _____

Spouse _____ Date of Birth _____

Local Mailing Address _____

Email Address _____

Spouse Email Address _____

Occupation _____

Business Name _____

Business Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Spouse Cell Phone _____

Names & Dates of birth for dependent children* _____

The Membership year for Etowah Valley Golf & Resort is a 12 month contract. The undersigned has made this application with a complete understanding of the terms, conditions and privileges of membership printed in the rules and regulations of the Etowah Valley Golf & Resort.

Type of Membership _____ (i.e.: Family, Individual etc.) Date _____

Signature of applicant _____ Spouse _____

I understand this is an application for a twelve-month membership and financial contract. _____ (initial here)

*Children 14 and older will be issued membership cards

Dues are expected in full. Applicants wishing to apply for monthly payments may do so by filling out the credit application and the credit card authorization.

NOTE: Those approved for monthly payments must pay two months dues at the time of acceptance.



MEMBERSHIP RULES

All applications for membership in **Etowah Valley Golf & Resort** must be submitted and approved prior to the extension of privilege. Applicants understand references and credit approval may be required. Membership is subject to the following terms, conditions and privileges:

Proof of Membership- Members must present a valid membership card for purchases and club use. Our staff will be working diligently to get to know you, but to insure account security you may be asked to show your membership card with your member number.

Food Minimum - Each member has a food and beverage minimum. The charges which apply to the minimum are for food and beverage purchases in Zeke's Greenside Tavern, Chelsea's Event Center Functions and the Pavilion. Alcoholic Beverages are included in the minimum. Discount, taxes and gratuity are not included in the minimum calculation. Any unused portion of the minimum will be billed on the next statement.

Changes in Membership Status - A member may change membership status *ONLY* at the beginning of the membership year. No refunds of initiation fees or dues will be made. Members wishing to upgrade their membership may do so subject to approval and pro-rated dues payment

Leave of Absence - All leave of absence petitions are subject to the approval of management. Consideration will be made on a case-by-case basis. If granted, a leave would begin on the last day of the month following approval and would end on the first day of the month in which the Member is capable of resuming their membership benefits. This is not intended for routine short term illness or injury.

- Must be a **Full Golf Member**.
- Illness or injury should be expected to keep the member from playing for 3 months or more.
- Leave is granted only for the *Seasonal* months of play (April-November). Member's whose illness or injury will cause them to miss more than the *Season* may petition to have the off-season months (December-March) included.
- A confidential physicians notice will be required.

Cancellation - Etowah Valley Golf & Resort considers all memberships to be annual (12 months) financial contract and full payment is required. Cancellation requests will be considered on a case-by-case basis and is generally restricted to the physical move of the family, without expectation of return, beyond the reach of Etowah, North Carolina. If granted, refund would be calculated from 30 days after approval to the end of the membership year. Proof of transfer may be required.

Membership Charge Accounts - Members in good standing may choose to use their account for charging food, golf, lodging and merchandise. Statements are sent on the first week of each month for dues and club charges. This amount is due by the 15th day of the month. If not paid by the 20th of the month, club privileges will be suspended until the Members account is paid in full. Accounts not paid by the 30th day of the month are subject to revocation of membership. Suspension of privileges and revocation of membership does not negate financial obligation contracted.



ETOWAH VALLEY
GOLF & RESORT

470 Brickyard Road
Etowah, NC 28729
(828) 891-7022 Office
(800) 451-8174 Toll-free
www.etowahvalley.com

Credit/Debit Card Authorization

I, _____, authorize WNC Resort Properties, LLC
Please Print

to charge my credit/debit card.

Type of Card: _____ Visa _____ MasterCard _____ Discover _____ Amex

Credit/Debit Card Number: _____

Expiration Date: Month _____/Year _____ CVV# _____

Name exactly as it appears on the Card/Account:

Account Billing Address: _____

_____ Zip Code _____

Telephone Number: Home: _____

Mobile: _____

Name of Member Account (If Different): _____

I understand my card will be charged for all monthly charges posted to my member
account. (initial) _____

I understand all memberships paid monthly are considered a 12-month financial contract.
(initial) _____

Please note; all membership dues not paid in full must be paid 1 month in advance. New
memberships will be charged for the current month and the following month.

Member accounts must be paid in full each month. Your card will be charged
accordingly.

Payments will be processed between the fifth (5) and the tenth (10) day of the month.

Signature

Date



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Consent to Perform Credit, Background and Reference Checks

I, _____, (Membership Applicant), authorize and permit Etowah Valley Golf & Resort, to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to Etowah Valley Golf & Resort.

I further authorize and permit Etowah Valley Golf & Resort to obtain updated information annually and on future occasions for membership renewal consideration and collection purposes should that be deemed necessary.

Thank you to all parties for your cooperation with this matter.

Membership Applicant Signature: _____

Printed Name: _____

Address: _____

Date: _____ Phone: _____

Social Security Number: _____

All information obtained will be held as confidential and may be provided to the applicant named above only upon written request.