



2024 Pool Membership Application

Primary Member Information

Full Name: _____

Date of Birth: _____ Email Address: _____

Residential Address:

Street	City	State	Zip Code
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Previous Residential Address(es) during past five (5) years:

Home Telephone Number: _____ Cell Phone Number: _____

Occupation: _____ Employer: _____

Business Address: _____

Street	City	State	Zip Code
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Business Phone: _____ Business Email: _____

Have you ever been convicted of, pled guilty or "no contest" to a crime that has or not been expunged or removed from your record?

YES NO

If yes, please provide details and include the county/city/state where and year when each crime occurred:

SSN: _____



Spouse Information

Full Name: _____

Date of Birth: _____ Email Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Occupation: _____ Employer: _____

Business Address: _____

Street

City

State

Zip Code

Business Phone: _____ Business Email: _____

Have you ever been convicted of, pled guilty or "no contest" to a crime that has or not been expunged or removed from your record?

YES NO

If yes, please provide details and include the county/city/state where and year when each crime occurred:

SSN: _____

Children

Please list all unmarried children who are 22 or younger.

Name:

Date of Birth:

***RCC Member Referral(s):**

Please list at least two active Members of Roanoke Country Club.

Additional Club Affiliations

Please list Club name and dates of membership.

Payment Information

How would you like to receive your monthly statement?

Physical Copy - Mail

Digital Copy - Email



Payment Options:

Credit Card Payment Online | Pay on our website with a credit card. Please note, 3.0% + \$0.20 fee does apply per transaction.

Check | Checks may be mailed or dropped off in payment box located inside golf shop door. If you'd like to send payment via mail, please mail to:

Roanoke Country Club
3360 Country Club Drive NW
Roanoke, VA 24017

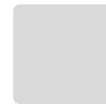
ACH (Autopay) | Automatic payments are drafted from your account on the 15th of each month. If you'd like to utilize ACH payment, please fill out the following information:



I authorize **Roanoke Country Club** to initiate electronic debit entries to my:



Checking Account



Savings Account

for payment of my Roanoke Country Club statement **on the 15th of each month.**

I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of US law. This authority will remain in effect until I have canceled it in writing.

Date: _____ Financial Institution Name (please print): _____

Account Number: _____ Routing Number: _____

Financial Institute City and State: _____

Signature: _____



As an incoming Pool Member, I agree to the following terms & conditions as they relate to joining of Roanoke Country Club. By signing this application:

Adult Pool Members and their dependent children shall be entitled to use and enjoyment of the pool facilities, Clubhouse, dining, and Club social events during the season that the pool is open. Adult Pool Members and their children shall be restricted to the use of the golf course and facilities to no more than once per month during the season that the pool is open, and will be required to pay all necessary guest fees. If an Adult Pool Member and their children would like access to the tennis and pickleball facilities they will be required to pay all necessary guest fees.

I agree to abide by the Rules and Regulations as set by Roanoke Country Club.

I understand the \$2,000 Pool Membership fee is due when application is submitted.

I understand my pool membership will be active only for the 2024 pool season (May 1, 2024, through September 30, 2024).

I agree to pay all charges incurred by myself and my family. If I fail to pay the charges, I agree to have my credit card charged for the full amount due. The Roanoke Country Club reserves the right to turn over any outstanding overdue balance to collections. I understand that I am responsible for any and all collection fees including, but not limited to court costs and attorney fees.

Signature: _____

Print Name: _____

Date: _____