



Membership Application

ROANOKE COUNTRY CLUB

3360 COUNTRY CLUB DRIVE N.W. | ROANOKE, VA 24017

540-345-1508

WWW.ROANOKECOUNTRYCLUB.ORG

Please select desired Membership Category:

- | | | |
|---|---|--|
| <input type="checkbox"/> Golf Single Membership | <input type="checkbox"/> Sports Single Membership | <input type="checkbox"/> Senior Clubhouse |
| <input type="checkbox"/> Golf Family Membership | <input type="checkbox"/> Sports Family Membership | <input type="checkbox"/> Unlimited Nonresident |
| <input type="checkbox"/> Junior Golf Membership | <input type="checkbox"/> Junior Tennis Membership | <input type="checkbox"/> Limited Nonresident |

Primary Member Information

Full Name: _____

Date of Birth: _____ Email Address: _____

Residential Address:

Street City State Zip Code

Previous Residential Address(es) during past five (5) years:

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: _____

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):**

We require incoming members to provide a letter of recommendation from a current Member of RCC. Please attach letter to your application or email it to membership@roanokecountryclub.org.

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, 2.5% fee does apply.

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): _____

Routing Number: _____ Account Number: _____

Financial Institute City and State: _____

Signature: _____



ROANOKE COUNTRY CLUB MEMBERSHIP AGREEMENT

Commitment to Membership | I hereby obligate myself for the payment of all monthly dues, incidental fees, food minimums, and charges incurred by me, my family members, and guests served on my account at any time during my membership. **I shall maintain my membership for at least twelve (12) consecutive months beginning on the following date:** _____.

Resignation prior to the completion of my membership commitment will result in the acceleration of all dues and food minimums due under the remaining period of my agreement.

Termination of Privileges or Commitment | If I choose to terminate my membership at anytime after my commitment is complete, I must notify the Club in writing by the tenth day of the month in order for the termination to be effective at the end of the following month. (Example: Submission of resignation letter by January 10 will result in termination of membership effective February 28)

Roanoke Country Club Bylaws and Rules and Regulations | I agree to be bound by the Bylaws and Rules and Regulations as set by Roanoke Country Club as amended from time to time.

I understand that in order to join as a Golf Single, Golf Family, Sports Single, Sports Family, Senior Clubhouse, Unlimited Nonresident, or Limited Nonresident Member at Roanoke Country Club, I must pay a non-refundable initiation fee when submitting this application.

Initiation Fee Rate:

\$3,000 (Age 45 and over) \$1,500 (Age 29-44) \$500 (Age 23-28)

Initiation Fee Payment:

Paid upfront Financed at 0% over first 12-months of membership

Applicant Name (print): _____

Applicant Signature: _____

Spouse Name (print): _____

Spouse Signature: _____

Date: _____