



3723 Pinetop Rd.
 Greensboro, NC 27410
 (336) 288-6768
frontdesk@pinetopclub.com
pinetopclub.com

Applicant's Name:

 Birthdate: _____
 E-mail Address: _____
 Cell Phone: _____

Spouse Name:

 Birthdate: _____
 E-mail Address: _____
 Cell Phone: _____

Children
Name:

 Birthdate: _____
Name:

 Birthdate: _____
Name:

 Birthdate: _____
Name:

 Birthdate: _____

Address:
 Home Phone: _____
 Street: _____
 City: _____ Zip: _____

How did you hear about us?

Club Memberships:	In-Full	4 Installments*	12 Installments*
____ Family	\$999	274.73	91.58
____ Couple	649	178.48	59.49
____ Single	549	150.98	50.33

Signature: _____ **Date:** _____

By signing this application form, I agree to abide by the bylaws, regulations and policies of the club as established and revised by the management. I understand that I will be responsible for any property damage caused by my family members, my guests and me. I also understand the risks involved in using the club facilities and participating in any club activities, I herein expressly waive my legal right and agree not to take any legal actions against the club, its owners/partners, management and employees.

All Membership Sales are Final
 *A draft agreement is required for installment payments and will be billed automatically. Memberships will renew automatically unless canceled. An additional service charge will be assessed for any check, draft, or credit card, returned for insufficient funds or any other reason. **Complete reverse side for installment payments.**

Draft Agreement

Terms of Billing

I authorize Pinetop Sport Club to automatically bill my account listed below as specified:

Amount: \$ _____ Start billing on: ____/____/____

Frequency: _____ Quarterly (4 Installments) _____ Monthly (12 Installments)

For Check Draft:

I authorize Pinetop Sport Club to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Bank Information

Bank ABA Number: _____

Bank Account Number: _____

Bank Account Type: Checking / Savings / Business Checking

For Credit Card Draft:

Credit Card Type: _____ Credit Card Number: _____ Expires: _____/_____/_____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (from credit card billing address)

This payment authorization is to remain in full force and effect until I, _____, notify Pinetop Sport Club of its cancellation by sending written notice in such time and in such manner to allow both Pinetop Sport Club and receiving financial institution a reasonable opportunity to act on it. **I understand the full balance of the account/all remaining installments are due immediately if the recurring charge is canceled or becomes past due.** An additional service fee will be assessed for any check, draft, or credit card, returned for insufficient funds or any other reason.

This membership will automatically renew each anniversary unless written notice is received by certified mail prior to current membership term ending.

Customer Signature: _____ Date Signed: _____

Customer Printed Name: _____