

QUAIL RUN CLUB

APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name: _____

Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Employer: _____

Occupation: _____

Address to Use for Mailings: _____

Birthday: Month _____ Day _____

Eligible Dependents:

_____ Age: _____

_____ Age: _____

Credit Card Information:

Number _____

Visa Mastercard Exp. Date: _____

CO-APPLICANT INFORMATION

Name: _____

Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Employer: _____

Occupation: _____

Address to Use for Mailings: _____

Birthday: Month _____ Day _____

Eligible Dependents:

_____ Age: _____

_____ Age: _____

Credit Card Information:

Number _____

Visa Mastercard Exp. Date: _____

Signature(s) for authorization of payment for charges and dues delinquent more than 45 days:

The monthly dues will be \$ _____ and the Food and Beverage minimum is \$ _____ per month assessed on a quarterly basis. The deposit is equal to dues for one month. This deposit is not a credit against future dues nor will it be used for other charges but will be held by the Association to be applied to any dues or charges not timely paid. The deposit will be refunded to Applicant, after deduction for all payments due the Association, upon termination of the membership, as provided under the terms of the Club Rules and Regulations and assuming all membership cards and stickers are returned.

The Applicant has submitted with this Application a check, credit card or cash payment made payable to the Quail Run Association in the Amount of:

Initiation Fee:	\$ _____
Membership Fee:	\$ _____
New Mexico Gross Receipts Tax:	\$ _____
Total Paid:	\$ _____
Subtotal:	\$ _____
Deposit:	\$ _____
Total Amount Paid:	\$ _____

USE FOR OFFICIAL ONLY

DATE: _____

MEMBER #: _____

TYPE: _____

PARKING STICKER(S)

Initials

- _____ 1. The undersigned, (“Applicant”), hereby applies for a Gold, Silver, or Silver Golf, Single or Family, Full, Associate or Senior (circle applicable terms) membership in Quail Run Club. Applicant expressly acknowledges that the Club is managed and operated by Quail Run Association, Inc. (“Association”), a nonprofit corporation organized under New Mexico law and that membership is purchased solely for recreational purposes.
- _____ 2. Applicant hereby acknowledges receipt of a copy of the current Club Rules and Regulations for Quail Run Club (“Club Rules and Regulations”) and agrees to be bound by all of the respective Terms and conditions thereof. Applicant further acknowledges that the Applicant has not relied upon any statements, oral or written, with respect to Club membership, other than statements contained in the Club Rules and Regulations, and that no representation, oral or written, has been made by any agent of the Club with respect to any claimed monetary value of the membership. Applicant is aware that Club membership cannot be sold, assigned or transferred to others.
- _____ 3. Membership privileges are subject to the limitations and conditions set forth in the Club Rules and Regulations. If this Application is approved, all amounts paid for a membership are not refundable except upon early termination of membership privileges, as provided in the Club Rules and Regulations.
- _____ 4. This Application is irrevocable seventy-two (72) hours after delivery to the Association. In the event the Applicant is not approved for membership, the full amount submitted with this Application shall be promptly returned to the Applicant, without interest. No membership certificate or card shall be issued by the Club until this Application has been approved for Club membership and applicable fees and a deposit have been paid.
- _____ 5. This membership expires on _____ . Renewal is subject to the terms, conditions and fees at time of expiration.

If the Applicant is applying for Family Membership, the signatures of both Applicant and Co-Applicant are required.

APPLICANT’S SIGNATURE: _____

CO-APPLICANT’S SIGNATURE: _____

Referred by: _____
Please Print

Accepted this _____ day of _____, 200__ .

Comments/Special Instructions:

