



2018 Membership APPLICATION
RiverWinds Golf and Tennis Club

Applicant/Primary Member

Full Name _____ Birth Date _____

Residence _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-mail Address _____

Driver's License (Primary) _____

NON-TRANSFERABLE

FEE

10% RESIDENT DISCOUNT

Unlimited	_____ \$3200	_____ \$2888
Weekday Pass	_____ \$2400	_____ \$2160
Senior Weekday Pass	_____ \$2800	_____ \$2520
Senior Unlimited	_____ \$2100	_____ \$1890
One Day Pass (Mon-Thurs)	_____ \$1000	_____ \$900
Twilight (7 Days, after 3pm)	_____ \$1500	_____ \$1350
Junior (7 Days, weekends after 1pm. no cart)	_____ \$500	N/A
Corporate Pass (100 passes)	_____ \$4950	N/A
Additional Tennis	_____ \$250	N/A

Credit Card Information

Cardholders Name (As it appears on the card) _____

Billing Address _____

Phone Number _____

Card Number _____ CVV Security Code _____ Exp. Date _____

Amount Authorized to be charged \$ _____

Cardholder signature authorizing RiverWinds Golf & Tennis Club to charge listed for the amount specified on this form.

Signature _____ Date _____