		For office use onl	'y			
Date Received and Referred to Membership Committee:						
Report of Membership Committee:			Dat	Date:		
Board Approval:			Dat	te:		
Posted By:	Date:	Removed By:	Dat	te:		
Application Notified By:		Date:	Fees Paid:	Date:		
Account Number:						
Newsletter Sent:Statement Sent:						







3600 Ridgewood Road Jackson, MS 39211 (601) 987-4450 www.riverhillsclub.net

Application for Membership

Type of Membership Desired

□ Stock Member (ages 40 & over) □ Jr. Associate Member (ages 35-39)

□ Jr. Associate Member (ages 21-29) □ Social Member

 \Box Jr. Associate Member (ages 30-34) □ Non-Resident Member

Personal Information (If married, the eldest spouse is listed first.)

Name							
	Title	First	Middle Initial		Last	Nickname	
Home Add	ess						
		Street		City	State	Zip Code	
Home Phor	ne Number		<u> </u>	Mobile P	hone Number		
Date of Bir	th			Social Se	curity Number		
Email Addr	ess						
□ Single	□ Married	□ Widowed	If married, ple	ase fill out th	e spouse information below.		
Spouse Nat	me						
	Title	First	Middle	nitial	Last	Nickname	
Cell Phone	Number			Wedding	Anniversary Date		
Social Secu	rity Number			Date of 1	3irth		
Spouse's Er	nail Address						
Busines	ss Informa	tion					
Applicant's	Occupation and	l/or Nature of Busine	ess or Profession			□ Retired	
Name of Co	mpany						
Business Ac	ldress						
		Street		City	State	Zip Code	
Business Te	elephone Numb	er		Years in	Present Employment		
Email Addr	ess						
Spouse's Oc	ccupation and/c	or Nature of Business	or Profession			Retired	
Name of Co	mpany			Title			
Business Ad	ddress						
		Street		City	State	Zip Code	
Business Telephone Number				Years in Present Employment			

Children

Children eligible to use club facilities: (up to the age of 25)

1			
	First	Last	D
2.			
	First	Last	D
3.			
-	First	Last	D
4.			
	First	Last	D

Affiliations

Are you a prior member of River Hills Club? □ Yes □ No

Are you a current or previous member of another country club?

Club Information (Name, Phone Number):

Authorization

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my Application for Membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of River Hills Club in the present form or as may be amended. I also agree to keep my account in good standing at all times and agree that should the Club engage an attorney to collect on my account, I will pay all attorney fees, expenses and costs of the court incurred by the Club.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing River Hills Club.

Applicant's Signature_____ Spouse's Signature_____ (If applicable)

Endorsement and Recommendation

I, the undersigned member of the River Hills Club, certify that I have known the above named applicant and hereby recommend that the applicant be granted membership.

Member's Name (print)

RHC Number

Email Address

				_ Male	L Female
Date of Birth					
				□ Male	□ Female
Date of Birth					
				□ Male	□ Female
Date of Birth					
				_□ Male	□ Female
Date of Birth					
If so, when?					
) If an placed list					
? If so, please list.	⊔ Yes	□ No			

_Date __

Date

Member's Signature

Years Known