



2026 MEMBERSHIP APPLICATION

CONTACT INFORMATION		
Name:	D.O.B.:	
Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	
Email Address:	Social Security Number: - - -	
Current Employer:		
Employer's Address:		
Employer City:	State:	Zip:
Home Course Membership Choice	Referred By: Please list 1 source	

FAMILY MEMBERSHIPS		
Spouse:		D.O.B.:
Child 1:	Child 2:	Child 3:
D.O.B.:	D.O.B.:	D.O.B.:

FALLS VILLAGE MEMBERSHIP CATEGORY		
<input type="checkbox"/> Individual <i>MON-FRI</i>	\$1740 or \$150 per month	\$750.00 Initiation Fee (New Members Only)
<input type="checkbox"/> Family* <i>MON-FRI</i>	\$2160 or \$185 per month	\$750.00 Initiation Fee (New Members Only)
<input checked="" type="radio"/> Individual 7 Day	\$2520 or \$216 per month	\$1250.00 Initiation Fee (New Members Only)
<input type="radio"/> Family* 7 Day	\$3120 or \$268 per month	\$1250.00 Initiation Fee (New Members Only)
Optional Add On Priviledges (please circle if you wish to include)		
Annual Cart Plan	Single-\$1620 or \$140.00/month	* Family-\$2286 or \$195.00/month
Annual Range Plan	Single-\$540 or \$45/month	* Family-\$720 or \$60.00/month

***Family Memberships – includes the legal spouse of the Member who is living in the Member's home and unmarried children who are under the age of 23 and either living in the Member's home or attending school on a full-time basis.**

**AUTHORIZATION AGREEMENT FOR DIRECT DEBITS AND CREDITS
MADE BY AUTOMATED CLEARING HOUSE (“ACH”)**

I/We hereby authorize the Club to initiate credit and/or debit entries to my/our depository account at the financial institution named below, hereinafter called the “Depository”. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law, and that such transactions will be used to settle my/our (a) usage charges, monthly membership dues and fees for goods and services utilized or consumed at the Club or at participating reciprocal clubs, (b) additional fees, dues or charges for any upgrade benefits in which I/we have chosen to participate, (c) late fees and charges payable in accordance with the Club's Membership Plan and billing policies, and (d) other fees or charges which would commonly be billed to my/our membership account based on my/our authorization or usage. Not all financial institutions participate in ACH transactions; if my/our Depository does not participate, I/we will not be eligible for this service.

Depository

Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing

Number _____ **Account**

(9 digit number at bottom left of check/deposit slip) **Number** _____ (number to right of routing number)

Type of account (circle one): Checking Account Savings Account

A voided check or deposit slip must be returned with this signed form.

This authorization shall remain in full force and effect until the Club has received written notification from me/us of its termination in such time and in such a manner as to afford the Club and the Depository a reasonable opportunity to act on it. I/We acknowledge that the Club reserves the right to discontinue ACH service at any time.

Name: _____
(Please Print)

Member Number: _____

Signature: _____

Date: _____

Signature: _____
(If Joint Account)

Date: _____

CREDIT CARD AUTHORIZATION

By providing the credit card authorization below, I/we, as the cardholder(s), hereby authorize the Club to charge my/our credit card indicated below to pay (i) the corresponding one-time initiation payment, if any, including any applicable taxes, associated with my/our membership as of the date hereof, (ii) the corresponding prorated dues rate associated with my/our membership as well as any future dues charges associated with my membership renewal until notice of membership resignation is provided in accordance with my Membership Application, and (iii) any delinquent balance(s) associated with my/our membership, including any dues, fees, charges and applicable taxes, in full, in the event such balances become delinquent or past due (collectively, "Club Payments").

I/We further agree that the authority granted herein shall remain in full force and effect until the Club has received sixty (60) days' written notice from me/us of its revocation and shall automatically renew and extend to the payment obligations contemplated hereunder for each subsequent month or year, as applicable, regardless of any customary dues or fee increases, unless terminated earlier in accordance with the terms herein.

I/We agree to always maintain a major current major credit card on file with the Club. I/We understand if any amounts are rejected by the credit card company, I/We agree that a late charge up to the maximum amount allowable by law, or other penalties, may be assessed for past-due accounts as provided for in the Membership Plan and Rules and Regulations of the Club, as amended from time to time. In addition to late fees, penalties may include, but are not limited to suspension of Club privileges and/or expulsion from membership. Payments on delinquent accounts apply first to reduce later charges and accrued dues, then to food and beverage charges, then to any other charges. I/We agree to pay all reasonable collection fees, attorneys' fees, investigator fees, and any other costs in the event this account is turned over for collection.

I/We hereby authorize the Club to submit my/our Club Payments to my/our credit card(s) indicated below. This authorization shall remain in effect until revoked in writing and delivered to the Club.

*** All credit card transactions will incur a 2.75% credit card surcharge. ***

MasterCard Visa Discover Credit Debit

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ CVV: _____

Signature: _____ Date: _____

MasterCard Visa Discover Credit Debit

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ CVV: _____

Signature: _____ Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

PLEASE READ AND SIGN APPLICATION

BILLING/PAYMENT

Dues are billed monthly and payable in advance. Statements are processed on the last day of each month. These statements reflect any account charges for the previous month, as well as the next month's dues. Payment is due on the 10th of the month. A late fee of 5% will be charged if the account is not paid for in full by the 20th of each month. Once an account becomes 60 days past due, all Club privileges will be suspended. Once an account becomes 90 days past due, the membership will be terminated, and no refunds will be given. The account will be turned over to legal services for collection. Our goal is to keep all member accounts in good standing. If you foresee a problem, please contact the club so an amicable solution can be reached.

Membership may be put on medical hold for a minimum and/or maximum of 90 days once within a 12-month period. Medical leave will consist of doctor recommendations and special cases will be reviewed on a one-to-one basis. Once that 90-day period has been exhausted dues will resume. If dues are not resumed at the end of the 90 day period, membership will be terminated, and members must reapply for membership including any initiation fees.

HOLD HARMLESS

I hereby acknowledge that the use of the Club Facility and any privilege or service incident to the membership is undertaken with knowledge of the risk of possible injury. I hereby accept all risk of injury to myself, my guest, and family sustained while using the Club Facilities or involved in any event or activity incident to membership in the Club. In accepting the risk of injury, I understand that I am relieving the Club, and any of their managers, directors, officers, employees, and affiliates from any and all loss, cost, claims, injury, damage, or liability sustained or incurred by me, my guest, and my family resulting from or arising out of conduct or event connected with membership in the Club and use of any of the Club Facilities.

VERIFICATION OF APPLICATION

Upon signing the Application for Membership, I hereby authorize the disclosure and release of information to the Club for investigating my qualifications for membership and authorize those persons or entities herein to furnish information to the Club, including providing a credit report to the Club.

ACKNOWLEDGEMENT OF MEMBERSHIP RIGHTS

Membership in the Club permits the member to use the Club Facilities in accordance with this Membership Plan. Membership in the Club is not an investment in the Club or its facilities and does not provide the member with an equity or ownership interest or any vested or prescriptive right or easement in or to use the Club or its facilities. Members will not be entitled to vote or participate in the management of the Club. If approved for membership in the Club, the member agrees to be bound by the terms and conditions of the Membership Plan and irrevocably agrees to fully substitute the membership privileges acquired pursuant to this Membership plan, as the same may be amended from time to time, for any present or prior rights in or to use the Club Facilities. The Club reserves the right, in its sole discretion, to reserve memberships, to terminate or modify this Membership Plan, to discontinue operation of any or all of the Club Facilities, to issue or terminate any category of membership, to convert the Club into a member-owned club, and to make any other changes in the terms and conditions of the membership or the Club Facilities available for use by members, except for the obligation to refund the membership deposit.

MINIMUM COMMITMENT AGREEMENT

I hereby acknowledge that I am committing myself to pay dues within the guidelines of a member of the Golf Property for a minimum of 12 months. I also acknowledge that this membership does not expire, and a written resignation must be submitted with a minimum of 30 days' advanced notice in order to terminate. If no such notice is made within the rules and regulations of the club, dues will continue to be assessed to my account monthly after the 12-month commitment.

Member Signature _____ Date _____

Accepted by _____ Date _____

PLEASE REMIT TO:

Brian Peters and Lucas Desousa
Scan and Email

Email: wpeters@greatlifegolf.com and ldesousa@greatlifegolf.com
115 Falls Village Lane Durham, NC 27703