

# 2024 Membership Application and Agreement



I / We hereby apply for the following 12-month membership:

- Full Family \$240 per Month
- Individual \$202.80 per Month
- Monday – Friday Golf Only \$162 per Month
- Jr. Executive Family - 40 & under \$138 per Month
- Jr. Youth 18 & under (\$478.80 per year – no charging privileges)
- Non-Resident (\$132 per month)
- Corporate Annual (\$8,640 – See GM for details)
- Social Only - \$114 per month for 12 months – Dining, Social Events, Pool and Courts privileges only

**\*\* All Memberships are 12 month commitments, then go month to month \*\***

I/we hereby apply for these Optional Service Plans:

- Unlimited cart use, locker, range, & bag storage. Family - \$1530 (Plus Tax) yearly and be paid in full (\$1611.09 after tax)
- Unlimited cart use, locker, range, & bag storage. Individual: \$1105 (Plus Tax) yearly and be paid in full (\$1163.57 after tax)
- Individual Cart Plan Unlimited - \$115/month (Plus Tax)  Family Plan Unlimited - \$150/month (Plus VA sales tax)
- Individual Locker: \$15/month,  Family \$20/month
- Individual Range Plan: \$25/month,  Family Range Plan \$35/month
- Individual Bag Storage/Club Cleaning: \$15/month,  Family \$25/month
- VSGA Handicap Fee (\$35 year)  Trail Fee (Couple \$750 year)  Trail Fee (\$500 Individual)

Start Date: \_\_\_\_\_

Special Offers: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Please send statements and notices to:  E-mail address: \_\_\_\_\_  
 Paper Copy to: \_\_\_\_\_

**Please Complete 2<sup>nd</sup> Page**

**Dependent children under age 25 / grandchildren:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand and agree that I must furnish a valid credit card with this application to be kept electronically in my membership file. I agree to allow The Club at Ironwood to charge my bill monthly balance to the following card:

Visa     MasterCard     Discover     American Express     Other \_\_\_\_\_

Name on Card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Charge my card automatically       Use my card only if my payment is overdue

I understand that I am signing a 12 month commitment for membership. After the 12 months, **I will be a member from month to month. I understand that in order to resign, I must provide a written 30 day notice after which I will be billed for one final month of dues.** I understand that I am liable for all charges to my account including dues and incidental charges including but not limited to rental fees, merchandise, food, beverages, gratuity and all applicable sales tax. I understand I will received a monthly statement the first part of each month and that my credit card will be charged the full balance due between the 10<sup>th</sup> and the 15<sup>th</sup> of that month if I have elected automatic payment. If not set up for automatic payment, I understand that I must pay by check or cash on or before the 20<sup>th</sup> or my credit card on file will be charged the full balance due on the 21<sup>st</sup>. **If I would like to dispute any charges on my statement I must do so before the 20<sup>th</sup> of the month.** If for any reason my balance is unable to be processed to the credit card I have on file I will be notified in writing and may be subject to a \$25 late fee. If my account becomes 60 days past due, I will be notified in writing that my charging privileges have been suspended and my balance is due. If the past due amount is not paid in full by the third billing date my membership will be terminated and the Club will take legal action if no payment arrangements have been made. If a member drops their membership they are not eligible to join again for 12 months.

**The undersigned hereby applies for membership with The Club at Ironwood and agrees to remain a member for a period of not less than twelve (12) months. I agree to abide by the By-laws, house rules and other regulations of the Club covering my membership classification. It is understood that Club privileges shall be provisionary until this application is submitted and approved by The Club at Ironwood Board of Directors.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other information: \_\_\_\_\_

Referred by: \_\_\_\_\_

**FOR CLUB USE ONLY**

Member Sponsor: \_\_\_\_\_

Ironwood Representative: \_\_\_\_\_

Board of Directors Approval Date: \_\_\_\_\_