



# 2026 Associate Single Membership Application

(age 24 - 34)

**PLEASE READ BEFORE SIGNING.** I hereby apply for an ASSOCIATE SINGLE Membership at Ridgeview Country Club. Upon acceptance of this application by the governing board, I agree to accept and abide by the by-law's of the Club and such rules and regulations as the governing board may establish from time to time.

I commit to being a member for one year and I agree to pay **\$2,465.00 (plus taxes)** in either one payment or on a monthly payment plan.

I understand that Associate Single Membership dues will be billed each year until my resignation, in writing, is accepted by the governing board as required by club by-laws. If I terminate my membership prior to the end of the year, I agree that there will be no refund of monies paid. I agree to pay all charges made by me, my family, and guests promptly when due. I understand that if my account is not current within 40 days from the billing date, my credit card listed below will be automatically charged for the entire balance on my account. If this card is declined, all Club privileges will be automatically suspended. I agree to pay all reasonable attorney's fees, court costs and other expenses incurred in such collection.

**Full Name:** .....  
*Applicant*

**Date of Birth:** .....  
*Applicant*

**Home Address:** .....

**City:** ..... **State:** ..... **Zip:** .....

**Email:** .....  
*Applicant* **Phone:** .....  
*Applicant*

**Employer:** ..... **Employers Phone:** .....  
*Applicant* *Applicant*

**Children:** ..... **Date of Birth:** .....

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## Credit Card to charge if my account is not current within 40 days from the billing date:

**Card #:** ..... **Exp Date:** ..... **CVV:** .....

I (we) acknowledge and agree that by typing my (our) name(s) below, I (we) confirm that all information provided in  this application is accurate and complete. I (we) agree to abide by the By-laws, rules, and regulations of Ridgeview Country Club and understand the membership terms outlined above.

.....  
*Applicant's Signature*

.....  
*Spouse's Signature*

## Preferred Payment Option:

Please indicate your preferred payment schedule. Final payment options will be confirmed upon acceptance of membership.

Annually  Monthly  
*(\$5/month installment fee)*

**Membership Sponsored By:** ..... **Date:** .....

**President's Signature of Approval:** ..... **Date:** .....