

**CORPORATE MEMBERSHIP APPLICATION**

Clayview Country Club, Inc.  
7990 North Farley Avenue  
Kansas City, MO 64158  
(816)781-7939  
info@clayview.com

Member Number  
Assigned \_\_\_\_\_

As a member of Clayview Country Club, Inc. I agree to abide by all rules, regulations, and Bylaws now in existence or which may herewith be adopted by the Board of Directors. Monthly membership dues will be automatically drafted from my account or charged to my credit card, and are as follows:

- \_\_\_\_\_ \$400.00 plus tax per month for up to 5 single memberships (dues paid by company)\*
- \_\_\_\_\_ \$400.00 plus tax per month for up to 5 single memberships (dues paid by individuals)\*
- \_\_\_\_\_ \$750.00 plus tax per month for up to 10 single memberships (dues paid by company)\*
- \_\_\_\_\_ \$750.00 plus tax per month for up to 10 single memberships (dues paid by individuals)\*

\_\_\_\_\_ **CORPORATE MEMBERSHIP INITIATION FEE: \$250.00 FOR A 12 MONTH CONTRACT**

**\*Please attach authorization agreements for each individual and the company**

**Company Information (Please Print):**

Company Name: \_\_\_\_\_ Membership Coordinator: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Members' Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**VIP MEMBER #1 (if up to 5 single memberships) – can change month to month**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**VIP MEMBER #2 (if up to 10 single memberships) – can change month to month**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I would like the corporate membership to begin \_\_\_\_\_ (month) of \_\_\_\_\_ (year).

**Please initial the following:**

\_\_\_\_\_ (If company is paying dues) The company is aware of and agrees to pay the monthly membership dues which are listed above and are payable twelve months of the year by automatic bank draft or credit card charge.

\_\_\_\_\_ The company agrees to pay all fees it owes to Clayview Country Club, Inc. as well as any outstanding fees or charges.

\_\_\_\_\_ The company is aware that it can terminate the membership IN WRITING after the contract end date. Non-usage of the Club and/or non-payment of dues are not proper methods of terminating the membership.

\_\_\_\_\_ In the event the membership is terminated for any reason, the company may rejoin the Club provided they pay a \$500 reinstatement fee and any fees not paid in the previous twelve months.

\_\_\_\_\_ The company understands that it will have ten days from the billing date each month to dispute any charges billed to the account before an automatic withdrawal or credit card charge is completed.

Signature of Membership Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Chairperson: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Individual Authorization Agreement**

**Please initial the following:**

- \_\_\_\_\_ I am aware of and agree to pay the monthly membership dues (if my company is not) which are listed above and are payable twelve months of the year by automatic bank draft or credit card charge.
- \_\_\_\_\_ I understand that I may convert my corporate single membership to a couple of family membership at a 10% discount.
- \_\_\_\_\_ I agree to pay all fees I owe to Clayview Country Club, Inc. as well as any outstanding fees or charges.
- \_\_\_\_\_ I am aware that I can terminate my membership IN WRITING after my contract end date. Non-usage of the Club and/or non-payment of dues are not proper methods of terminating your membership.
- \_\_\_\_\_ In the event my membership is terminated for any reason, I may rejoin the Club provided I pay a \$500 reinstatement fee and any fees not paid in the previous twelve months.
- \_\_\_\_\_ I understand that I will have ten days from the billing date each month to dispute any charges billed to my account before an automatic withdrawal or credit card charge is completed.
- \_\_\_\_\_ I understand that I may be photographed while at Clayview Country Club and I hereby grant full permission to CCC to use any photograph, testimonial, likeness or any other record that CCC may create or produce for any legitimate purpose.

**Direct Payments (ACH Debits) and Credit Card Charges**

I (we) hereby authorize CLAYVIEW COUNTRY CLUB, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution or Credit Card Company named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH or credit card transactions to my (our) account must comply with the provisions of U.S. law.

**ACH Debits:**

\_\_\_\_\_ Financial Institution Name

\_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Routing/Transit Number \_\_\_\_\_ Account Number

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

----- **OR** -----

**Credit Card Charge:**

\_\_\_\_\_ Credit Card Type

\_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date

\_\_\_\_\_ Name on Card

\_\_\_\_\_ Billing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I also understand that I will have ten days from the billing date each month to dispute any charges billed to my account before an automatic withdrawal or credit card charge is completed.

\_\_\_\_\_ Print Individual Name \_\_\_\_\_ Membership Chairperson

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

\_\_\_\_\_ Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM IF USING ACH DEBIT  
(Customer retains second copy)**

**Company Authorization Agreement**

**Direct Payments (ACH Debits) and Credit Card Charges**

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**ACH Debits:**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address City, State Zip Code

\_\_\_\_\_  
Routing/Transit Number Account Number

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

----- **OR** -----

**Credit Card Charge:**

\_\_\_\_\_  
Credit Card Type

\_\_\_\_\_  
Credit Card Number Expiration Date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Billing Address City, State Zip Code

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I also understand that I will have ten days from the billing date each month to dispute any charges billed to my account before an automatic withdrawal or credit card charge is completed.

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM IF USING ACH DEBIT  
(Customer retains second copy)**