

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

Member Number Assigned _____
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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:

- \_\_\_\_\_ Family: \$125.00 plus tax per month  
 \*Reserved for families and their children living at home
- \_\_\_\_\_ Couple: \$100.00 plus tax per month  
 \*Reserved for members of Clayview without children
- \_\_\_\_\_ Senior Couple: \$80.00 plus tax per month  
 \*Reserved for couples where both members are age 60 and up
- \_\_\_\_\_ Single: \$85.00 plus tax per month  
 \*Reserved for individuals over 18 years of age
- \_\_\_\_\_ Senior Single: \$65.00 plus tax per month  
 \*Reserved for individuals age 60 and up
- \_\_\_\_\_ Junior: \$65.00 plus tax per month  
 \*Open to individuals 18 years of age and under

**INITIATION FEE FOR ALL MEMBERSHIP TYPES EXCEPT JUNIOR MEMBERSHIP:**  
 \_\_\_\_\_ \$500.00 FOR A 12 MONTH CONTRACT  
 \_\_\_\_\_ \$250.00 FOR AN 18 MONTH CONTRACT

**JUNIOR MEMBERSHIP INITIATION FEE:**  
 \_\_\_\_\_ \$100.00 FOR A 12 MONTH CONTRACT

**Member Names (Please Print):**

Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**Children's Names:**

Name	Date of Birth	Age	Grade/School

Referring Member: \_\_\_\_\_ Have you previously been a member of Clayview Country Club? Y N  
 If yes, when did you join? \_\_\_\_\_ When was your membership terminated? \_\_\_\_\_

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

**Please initial the following:**

- \_\_\_\_\_ I am aware of and agree 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.
- \_\_\_\_\_ I agree to pay all dues 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 dues 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 my family or 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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



## **Areas of Interest**

Please review the list below, and check any areas in which you are interested in receiving more information. This information will help us contact you regarding swim, tennis, fitness or special events you might be interested in.

\_\_\_\_\_Swimming

\_\_\_\_\_Fitness

\_\_\_\_\_Tennis

\_\_\_\_\_Swim Team

\_\_\_\_\_Yoga/Pilates

\_\_\_\_\_Junior Tennis Clinics

\_\_\_\_\_Group Swim Lessons

\_\_\_\_\_Abs/Weight Lifting Classes

\_\_\_\_\_Junior Tennis Leagues

\_\_\_\_\_Private Swim Lessons

\_\_\_\_\_Water Aerobics

\_\_\_\_\_Adult Tennis Clinics

\_\_\_\_\_Personal Training

\_\_\_\_\_Adult Tennis Leagues

\_\_\_\_\_Private Tennis Lessons