

TRIAL MEMBERSHIP APPLICATION

Member Number
Assigned _____

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

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.

The trial membership initiation fee is \$0, and is a commitment of four months. The trial membership is only for NEW members. After four months, I am eligible to upgrade to a full membership with my remaining dues for the 18-months being converted to the regular Clayview rates, and a credit applied for the extra dues paid to date. I understand I will be charged a \$100.00 initiation fee if I convert to a full membership after my trial has expired. My membership terminates after four months, however I will not be able to renew next year without paying back dues, and I will not be eligible for other membership specials or discounts.

Monthly membership dues will be automatically drafted from my account or charged to my credit card, and are as follows:

- _____ Trial Family \$200.00 plus tax per month
*Reserved for families and their children living at home
- _____ Trial Couple \$175.00 plus tax per month
*Reserved for members of Clayview without children
- _____ Trial Single \$160.00 plus tax per month
*Reserved for individuals

TRIAL MEMBERSHIP INITIATION FEE:

\$0.00 FOR THE TRIAL MEMBERSHIP
\$100.00 IF CONVERTED TO A FULL MEMBERSHIP
AT EXPIRATION OF THE TRIAL

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? _____

Please initial the following:

- _____ I am aware of and agree to pay the monthly membership dues which are listed above and are payable for four months 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 my membership terminates at the end of the fourth month of membership. 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 may convert to an 18-month membership before my trial membership expires, and be credited for applicable dues paid to date.
- _____ 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