



Type of Membership Desired:

- Full Club
- Junior Club (ages 25-36)
- Social
- Single Club
- Junior Single Club (ages 25-36)
- Single Tennis
- Non-Resident*
- Weekday Golf & Tennis (ages 25-59)
- Senior Weekday Golf & Tennis
- Restaurant

**Non-Resident Membership open to candidates living 400 miles from Newtown, CT; Non-equity membership, offers privileges for 5 months each year; Not eligible for discounts; Proof of residency required.*

Personal Information

Candidate Name: _____

Residential Address: _____

City/State/Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Date of Birth _____

Single Married Divorced Widowed

If married, please fill out spouse information below:

Spouse's Name: _____

Cell Phone Number: _____

Wedding Anniversary Date _____

Date of Birth: _____

Please list your dependent children under the age of twenty-five.

Name

Date of Birth

Male

Female

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____

Retired

Name of Company _____ Title _____

Business Address _____

Street

City

State

Zip Code

Business Telephone Number _____ Years in Present Employment _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____

Street

City

State

Zip Code

Business Telephone Number _____ Years in Present Employment _____



References

Banking _____

Business _____

Personal _____

If applicable, list the names of at least two Rock Ridge club members known to you: _____

Did one of the above members solicit you to join? If so, please list their name: _____

Authorization

By signing this application, I (the member candidate) grant Rock Ridge Country Club, Inc. authorization to obtain my personal consumer credit report and background check. The background check authorization form will be provided after receipt of complete application package. I understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

Additional information needed from Member Candidate for purposes of obtaining a consumer credit report:

Print Name: _____
(Last) (First) (Middle)

Previous Name(s) _____ Date Name Changed _____

Driver's License #: _____ Issuing State: _____

Number of years and months living at current residence: _____

Number of years and months living at previous residence: _____

Previous Address: _____
Street, Apt. # City State Zip Code

-- End of credit report information request--

Membership Category Requesting: _____

I (We) hereby request membership in the Rock Ridge Country Club, Inc. and agree that if my (our) request is accepted, I (we) will comply with, and be governed by, the constitution and By-Laws of this corporation, the policies, rules, and regulations stated in the member handbook (aka Green Book) and in the stock purchase agreement, as they now exist and as hereafter amended. I (We) acknowledge this is an annual membership that is billed monthly and will automatically renew on December 31st. Cancellation of the membership is only allowed once a year on December 31st. Notification of such cancellation must be received on or before December 31st. I (We) further acknowledge that a notification of cancellation does not relieve me (us) of any payment obligation of costs associated with the membership including dues, assessments and all usage that occur from the time of such notification through the end of the year (December 31st). I (We) hereby accept that I (we) will be held personally liable to pay all club dues, club charges and club assessments that have been incurred by me (us) including but not limited to all attorney fees and court costs associated with the collection of any debts owed to the Club.

Candidate's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Your request for membership requires Board approval.



2024 Rock Ridge Country Club, Inc. Membership Agreement

By electing to join, I/We agree to the following terms and conditions as they relate to membership at Rock Ridge Country Club (the Club):

- Advanced Dues Deposit Required.** Joining members must pay a Dues Deposit of \$3,600. Dues Deposit to be credited back to the member at a rate of \$100/month, credit begins in the month the membership starts paying dues. If the membership terminates prior to the full deposit being applied any remaining balance is forfeited. Payment is due at the time of application. Restaurant members do not need to pay a deposit.
- Dues and Assessments.** “Dues” are Annual fees are comprised of Annual Capital Assessments and Dues for each class. These annual charges are divided over 12 months and are billed in advance. Payment is to be made by the 15th of each month.
- Stock Fees.** Full Club, Junior Club, and Single Club membership classes are required to purchase two shares of non-refundable and non-transferable stock; All other membership classes are required to purchase one share of non-refundable and non-transferable stock. Payment is due at the time of application.
- Rock Ridge Country Club By-Laws and Rules and Regulations.** I/We agree to be bound by the By-Laws and Rules and Regulations outlined in the Member Handbook (“the Green Book”) as established and may be amended by Rock Ridge Country Club from time to time. I/We acknowledge this is an annual membership that is billed monthly for my convenience and will automatically renew on December 31st. Cancellation of this membership is only allowed once a year on December 31st. Notification of such cancellation must be submitted to the Club on or before December 31st. I/We further acknowledge that a notification of cancellation does not relieve me/us of any payment obligation of costs associated with the membership including dues, assessments and all usage that occur from the time of such notification through the end of the year (December 31st). I/We hereby accept that I/We will be held personally liable to pay all club dues, club charges and club assessments that have been incurred by me including but not limited to all attorney fees and court costs associated with the collection of any debts owed to the Club.
- Recallable Membership.** The club has the absolute right and discretion to recall my membership at any time before the relationship terminates. If the club exercises its right, I/We remain obligated and promise to pay all charges incurred through the end of the month in which the club exercises its right to recall my relationship.
- Final interpretation.** The club reserves the right to make final decisions pertaining to all matters regarding any offer of Membership.

Applicant's Name: _____
(Please Print)

Signature: _____ Date: _____



Email Communications

Rock Ridge Country Club, Inc. makes extensive use of email to bring you information regarding club events, tournaments, parties, and other vital information. Rock Ridge Country Club also uses email for billing purposes and no longer sends out paper copies of your monthly bill.

To utilize email as our primary means of communications with you, the club requires written authorization from you on file.

Please indicate below the best email address for us to use for Rock Ridge communications.

Email Address(es) _____

Best email address for Billing Purposes: _____

Please check the appropriate box:

- Yes, the club has my permission to email me at the above address(es) regarding all club programs, activities, billing, and services that are available to me as a club member.
- NO, pursuant to the FCC rules, I do not give the club permission to email me information about club events, billings or offerings that may be considered “commercial” under the current regulations.

Name (Please Print):

Signature:

214 Sugar Street
Newtown, CT 06470
T 203.426.2106
F 203.270.1932