



*The Club*

AT RIVER WILDERNESS

# MEMBERSHIP APPLICATION



The Club at River Wilderness  
2250 Wilderness Blvd W. Parrish, FL 34219  
[www.theclubatriverwilderness.com](http://www.theclubatriverwilderness.com)

Contact: Membership Director  
[membership@theclubatrw.com](mailto:membership@theclubatrw.com)  
(941) 776-2691

## Corporate Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about The Club at River Wilderness: \_\_\_\_\_

### ***Dues & Fees: Completed by Club Representative***

Member # \_\_\_\_\_

Activation Date \_\_\_\_\_

Membership	Dues & Fees	Amount
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Golf

\$6,500

\$ \_\_\_\_\_

Silver

\$4,500

\$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

Tax \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

### **Facility Agreement & Assumption of Risk**

*Must be completed for and signed by each family member utilizing the facilities. Additional forms are available as needed.*

**Assumption of Risk.** The undersigned hereby acknowledges that the use of the Club Facilities and any privilege or service incident to membership is undertaken with knowledge of risk of possible injury. The undersigned hereby accepts any and all risk of injury to myself, my guests and my family sustained while using the Club Facilities or involved in any event or activity incident to membership in the Club. In accepting the risk of injury, I understand that I am relieving the Company, its affiliates, their successors and assigns and their respective directors, officers, partners, shareholders, employees and agents and the members of any board of the Club and any Club committee from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or omission by the Company, all Club employees while on duty and any other agent or representative of the Club for any conduct or event occurring on the Club premises or connected with membership in the Club, use of any of the Club Facilities or participation in any Club event.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. Further, I agree to observe and be bound by the By-Laws and Rules & Regulations of The Club at River Wilderness in the present form or as may be amended. I acknowledge receipt of the Club Rules & Policies.

\*Please note: Membership is a minimum 1 year contract beginning on January 1<sup>st</sup> and ending on December 31<sup>st</sup>. New memberships after January 1<sup>st</sup> will be prorated accordingly. All member categories and downgrades are subject to a 90-day resignation policy. In the event of a resignation or downgrade, prepaid dues and fees are not refundable. Members who resign, downgrade, or do not renew will be restricted from using the club and any facilities (except the dining room) for one year (see rules and policies for entire policy). Should a member wish to rejoin or reinstate at a later date, all back dues and assessments and/or any applicable initiation fees must be brought current. Rates are subject to change as determined by the Club Representative.

Payment of Membership Account, including all dues, fees and other applicable charges, are due no later than the 3<sup>rd</sup> of the billing month. Upon acceptance by the Club, Member agrees to pay the account in full when due. As a condition to acceptance, the member agrees to pay the membership fees either prepaid upfront for the year, or in monthly installments as well as all other applicable charges via automatic bank draft (ACH) or credit card. Member agrees to sign an ACH Authorization Form authorizing an automatic debit from the Member’s bank account or Credit Card Authorization Form authorizing charges to the card for all fees due. Member agrees to keep an updated and valid ACH draft form or credit card authorization form on file with the Club at all times during the term of the Membership. All dues, fees and applicable charges including the total monthly account balance will be charged to the credit card when first due. For credit cards, a 3.5% credit card fee will be charged. For ACH drafts, there is no fee.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members or guests who will be utilizing The Club at River Wilderness. In the event The Club at River Wilderness has to seek the collection of delinquent charges, the member will be obligated to pay The Club at River Wilderness the amount owed as well as attorney fees and costs incurred in the collection of said amount.

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

Club Representative \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Membership Director**  
**2250 Wilderness Boulevard West • Parrish, Florida 34219**  
**www.theclubatrw.com (941) 776-2691**

**AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)**

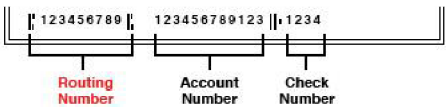
I (we) authorize The Club at River Wilderness to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

**\*\* (CIRCLE ONE) - Checking Account or Savings Account**

at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize are in compliance with all applicable laws.

Bank Name \_\_\_\_\_ Account Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_





Initial each statement below:

\_\_\_\_\_ I understand that this membership is an ongoing commitment. Payments will be deducted on the 1st of each month until resignation and/or termination of membership.

\_\_\_\_\_ I understand that this membership will continue automatically. If I choose to cancel, I must do so in writing by providing 90 days' notice.

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Club at River Wilderness in writing, that I (we) wish to revoke this authorization. I (we) understand that The Club at River Wilderness requires at least 90 prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Dues Payments are due the 1<sup>st</sup> of every month in the calendar year and will be withdrawn on the 3<sup>rd</sup>, along with all ancillary charges and fees from the previous month the charges were incurred. There will be a 3.5% service fee for credit cards, no service fee for ACH draft. Two or more bounced ACH payments or Credit Card declinations during the calendar year will result in Membership suspension until entire remaining dues and account balance is paid in full. A \$35 Fee Will Be Charged for All Returned/Canceled ACH Payments or Credit Card Declinations.

By signing below, Member agrees to and fully authorizes all such charges to Member's credit card account(s) and/or to ACH withdraws/debits from Member's Bank Account listed above or Member's Credit Card listed below.

#### **AUTHORIZATION FOR DIRECT PAYMENT VIA CREDIT CARD**

Type of Card: (Circle one)

Visa

MasterCard

American Express

Discover

\_\_\_\_\_  
Name of Cardholder (as it appears on the credit card)

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CSV Code

Authorized Card Member Signature \_\_\_\_\_ Date: \_\_\_\_\_