

2024 Membership Application

(please print legibly)

Name:			(herein "Applicant")
Date of Birth:			
Address:			
Town/City:	Postal	Code:	
Home Phone:	Mobile	::	
Mobile Provider (Needed for	r online text messaging)	:	
Occupation:	Compa	nny:	
E - mail (1):			
E - mail (2):			
☐ I agree to receive text & e updates, tournament reg at anytime.	-	_	0
Type of Membership (please	e circle):		
Unrestricted	Unrestricted (Spouse)		
Weekday	Weekday (55+)	Intermed	iate (19-24)
Intermediate (25-29)	Intermediate (30-34)	Intermed	iate (35-39)
Junior (10-18)			

Associate me under a primary membership holder (circle): Yes No	
If Yes to the line above, who is the primary member and your relation to him/her?	>
I hereby apply for membership in the River's Edge Golf Club Ltd. (herein "River's Edge") and represe warrant that the information included herein and provided along with this application is true and co	
River's Edge, in its absolute discretion, reserves the right to investigate such information as provide	d herein.
In circumstances where River's Edge undertakes such inquiries, it will maintain any information obt	ained in
this application, and/or any information gathered during the course of undertaking any investigation	n as
confidential.	
I hereby acknowledge the General Information and Terms of Reference, as well as the Rules and Reg	gulations
and I acknowledge having viewed and read and understood them, and agree to be bound by the term	ıs and
conditions set forth within these documents and further fully acknowledge and recognize that the s	ame
may be modified, amended, varied or changed from time to time by River's Edge. I further acknowled	dge and
agree that the I am not relying on any representations or other materials (including advertising and	
promotional material) in applying for a Membership in River's Edge.	
Date:	
Full Name: (printed):	
Signature of Applicant:	