



BALLYMEADE COUNTRY CLUB
Associate Member Application

Membership Type:	
Golf	_____
Social	_____

PERSONAL

Applicant Name: _____ Social Security #: _____

Primary Residence: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

Spouse Name: _____ Social Security #: _____

E-Mail: _____ Date of Birth: _____

Unmarried Children of Applicant Under the Age of Twenty-Three (23) or Living at Home or Attending School on a Full-Time Basis:

List by Name:	Age	Date of Birth	Male / Female
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BUSINESS

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

Title: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Years in present employment: _____

Spouse's Occupation
and/or Nature of Business: _____

Title: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Years in present employment: _____

Membership in Other Clubs

1. Name of Club/Organization: _____ Year Accepted: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Contact Person: _____ Present/Former Member

TERMS OF ASSOCIATE MEMBERSHIP PLAN

1. I hereby agree to pay the fee to Ballymeade Country Club upon acceptance of my application. I acknowledge and agree that my privileges are conditioned upon my payment in full of the fee and are valid from January to January each year. I understand dues will be set each year by MV Golf Management, Inc. doing business as Ballymeade Country Club (the "Club").
2. Approval: I understand that this Application will not be acted upon unless fully completed and signed by me. It is contingent upon approval by the Club. Approval by the Club shall be in the Club's sole and absolute discretion.
3. Receipt of Plan Documents: I hereby acknowledge receipt of the Associate Membership Plan and Rules and Regulations of the Club (collectively, the "Plan"). I acknowledge that my Associate Membership is governed by the Associate Membership Plan and this Application and agree to be bound by the terms and conditions thereof as the same may be amended from time to time. I understand that the Associate Membership may be terminated or suspended for failure to abide by such conditions.
4. Special Privileges of the Associate Membership: In addition to the privileges of the Associate Membership outlined, Associate Memberships shall receive a discount on the purchase of **non-sale** golf pro shop merchandise.
5. The Club facilities will be solely owned and operated by the Club. I hereby acknowledge that my Associate Membership at the Club is not an investment in the Club, nor does it provide an equity or ownership interest in the Club or the Club facilities. Associate Membership status does not confer upon me a vested or prescriptive right or easement to use the Club facilities. Associate Memberships will not have any interest in the income of the Club and will not receive any of the Club's assets if the Club is dissolved. The Club reserves the right, in its sole and absolute discretion, to modify the Associate Membership plan and the Rules and Regulations, to discontinue operation of any or all of the Club facilities, to sell or otherwise dispose of the Club facilities in any manner whatsoever, to convert the Club into a member-owned Club, to make any other changes in the terms and conditions of membership of the Club facilities and to restrict or to otherwise reserve the Club facilities for maintenance, golf tournaments and promotional, charitable and other special events from time to time.
6. Terms of Associate Membership: The Club reserves the right to recall the Associate Membership without cause only in the event the Club determines, at its discretion, to eliminate the offering of all Associate Memberships. Recall will only occur at the end of a year.
7. Hold Harmless: I hereby acknowledge that the use of the Club facilities and any privilege or service incident to Associate Memberships is voluntary and that any use or acceptance of any service or privilege incident to Associate Memberships is undertaken with knowledge of the risk of possible injury. Each Associate Membership shall be liable for any property damage and/or personal injury at the Club facilities, or at any activity or function operated, organized, arranged or sponsored by the Club, caused by the Associate Membership, any family member or guest. The cost of any such damage shall be billed to the Associate Membership.
8. Addresses: If my address changes, I will notify the Club in writing of my new address.
9. Verification: I authorize the Club to investigate my qualifications for Associate Membership status and authorize any person listed on this Application to release to the Club any information requested by the Club
10. Governing Law: This application for a Facility Pass shall be governed by and constructed in accordance with the laws of the State of Massachusetts without regard to principles of conflicts of laws.

Dated: _____, 20____ Signed: _____

Approved & Accepted: MV Golf Management, Inc.

By: _____ Date: _____