

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

Member Number Assigned _____

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

- _____ Family: \$135.00 plus tax per month
 *Reserved for families and their children living at home
- _____ Couple: \$110.00 plus tax per month
 *Reserved for members of Clayview without children
- _____ Senior Couple: \$90.00 plus tax per month
 *Reserved for couples where both members are age 60 and up
- _____ Single: \$95.00 plus tax per month
 *Reserved for individuals over 18 years of age
- _____ Senior Single: \$75.00 plus tax per month
 *Reserved for individuals age 60 and up
- _____ Junior: \$75.00 plus tax per month
 *Open to individuals 18 years of age and under

INITIATION FEE FOR ALL MEMBERSHIP TYPES EXCEPT JUNIOR MEMBERSHIP:

- _____ \$500.00 FOR A 12 MONTH CONTRACT
- _____ \$250.00 FOR AN 18 MONTH CONTRACT

JUNIOR MEMBERSHIP INITIATION FEE:

- _____ \$100.00 FOR A 12 MONTH CONTRACT

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? _____

I would like my membership to begin _____ (month) of _____ (year).

Please initial the following:

- _____ I am aware of and agree to pay the monthly membership dues which are listed above and are payable twelve months of the year 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 I can terminate my membership IN WRITING after my contract end date. A minimum of 30 days cancellation notice is required. My membership will conclude at the end of the month following the month in which written cancellation was received. 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 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