



Palmer Golf Management, LLC/Quail Ridge Country Club

Personal Information Rider

Membership Type: ___ Individual ___ Family ___ Social ___ Pool ___ Junior

Referred by: _____

Primary Member Personal Information

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____

Primary Member Business Information

Occupation: _____ Company: _____

Address: _____

Title: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Spouse's Personal Information

Spouse's Name: _____

Last *First* *M.I.*

Work Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Occupation: _____

Please list your children who are under the age of twenty-two

Dependent Information

Full Name: _____
Last *First* *M* *Date of Birth* *Male or Female*

Full Name: _____
Last *First* *M* *Date of Birth* *Male or Female*

Full Name: _____
Last *First* *M* *Date of Birth* *Male or Female*

Full Name: _____
Last *First* *M* *Date of Birth* *Male or Female*



Acknowledgement of Credit Card Payment Policy

All members of Quail Ridge Country Club requesting charging privileges are required to have a valid credit card on file with our Accounting Department.

Please initial each line item listed below and sign this form to acknowledge your understanding of this policy.

_____	1. The monthly statement closing date is the 30 th of each month. Monthly statements will be mailed to you each month for your review and records. Payment is due by cash or check on the 15 th of each month. I give QRCC the authority to charge my credit card for my full balance if my account goes 30 days past due.
_____	2. I must advise the Accounting Department, on a timely basis, of any changes to my credit card number or expiration date by calling 978-264-0399 ext. 102.

By signing below, I am agreeing to the terms and conditions as outlined above.

Member Name:	*Member Number:
Signature:	Date:

*Member number to be assigned

Member Credit Card Information

Please Print

Member Name:		Member #:	
Credit Card Type (circle one): Visa M/C		Credit Card Number:	
Expiration Date: CVV code		Name on Card if different from above	
Card billing address if different than Member Profile			<i>Accounting Use Only</i>