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The DuPont Country Club

Membership Application

For questions, call the Membership Office at (302) 421-1722
PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

APPLICANT **INFORMATION**

OFFICE USE ONLY
Application Fee \$ _____
Eff. Date _____
Member # _____
Dues Class _____
Initiation Fee \$ _____
Initiation Fee Type _____
Back Billing _____
Billing Type _____

APPLICANT NO. 1

Name _____

Date of Birth ____/____/____ Gender ____ Home Phone _____ Email Address _____

Home Address _____
(Street) (City) (State) (Zip)

Employer _____ Position _____ Cell Phone _____

Business Address _____
(Street) (City) (State) (Zip)

Please send member statements to: • Home Address • Work Address

Previous or current club affiliations _____

I am interested in receiving email notifications regarding:

- Golf
- Tennis
- Aquatics
- Fitness
- Member Events
- Dining

APPLICANT NO. 2

Spouse _____ Date of Birth _____ Gender _____ Email _____

APPLICANT NO. 3

Child 1 _____ Date of Birth _____ Gender _____

APPLICANT NO. 4

Child 2 _____ Date of Birth _____ Gender _____

APPLICANT NO. 5

Child 3 _____ Date of Birth _____ Gender _____

Describe your expectations of membership at the DuPont Country Club. Why are you interested in joining? Please include any interests, club activities, or social offerings in which you and your family are interested in joining.

Please indicate which level of membership you would like. Be sure to check two (2) boxes if selecting the Young Legacy or Adult category.

<u>Individual</u>	Unlimited	Limited	Racquets	House
<u>Family</u>	Unlimited	Limited	Racquets	House
<u>Junior</u> (complementary with the Family Plan)	Unlimited	Limited	Racquets	House

Additional Options (*to be marked in addition to above items*)

- Young Legacy • Young Adult • Priority Tennis • Golf Practice Upgrade (Racquets Level Only)

SPONSOR
INFORMATION

Sponsor's Name _____ Member Number _____

Sponsor's level of membership • Unlimited • Limited • Racquets • House

Years as a member _____

ACCEPTANCE OF RULES

PAYMENT OF MEMBERSHIP ACCOUNT

Payment of Membership Account, including all dues, fees, and other applicable charges, is due upon receipt of the monthly statement. If accepted for membership, I/we agree to pay the account in full when due. I further authorize that any Member Account charges not timely paid may then be charged to any card that I provide to the Club for such purposes. I/We agree and understand that a late charge up to the maximum amount allowable by law, or other penalties, may be assessed for past-due accounts as provided for in the Bylaws and Rules and Regulations of the Club, as amended from time to time. In addition to late fees, penalties may include, but are not limited to suspension of Club privileges and/or expulsion from membership. Payments on delinquent accounts apply first to reduce late charges and accrued dues, then to food and beverage charges, then to any other charges. Any fees assessed for untimely payment of any applicable dues, fees or charges will appear on my/our statement. I/We agree to pay all reasonable attorneys' fees, investigator fees, and costs in the event this account is turned over for collection.

I understand and agree that I must maintain my selected level of Membership for at least (12) months from the join date before downgrading or canceling my membership. In the event that I prematurely break this agreement, the Club has my permission to make a onetime charge to my credit card (unless other arrangements are made) for all outstanding dues and fees plus any remaining dues and fees which I would owe for the remaining term of the agreement. Following that initial period, my membership and these financial obligations shall automatically renew for an additional (12) months unless I give written notice to the Club at least (60) days prior to the end of my anniversary date.

ASSUMPTION OF LIABILITY

I understand that as a Member of DuPont Country Club, I am assuming no liabilities whatsoever in connection with the Membership other than the payment of my Membership Fee or Membership Deposit, as applicable, monthly dues and charges incurred to me, my family and guests in use of the Club and that Membership does not confer upon me any ownership of the Club property or its assets. I understand that any use of the facilities at the Club by myself, my family and/or my guests is done at our own risk, and the Club is not liable for personal injury, theft, or loss of personal property, as further provided in the Bylaws.

MEMBERSHIP POLICIES

If accepted into membership, I/we agree to conform to and be bound by the enrollment terms contained herein, the Bylaws, the Rules and Regulations, and written membership policies of the Club ("Membership Documents") as they may be amended from time to time. I/We further understand that agreeing to be bound by the Membership Documents is a part of my/our agreement for membership privileges with the Club. I/We specifically understand this membership is not divisible.

I/WE ACKNOWLEDGE THE MEMBERSHIP BYLAWS AND THE RULES AND REGULATIONS PROVIDE THE DETAILS OF THE CLUB'S MEMBERSHIP POLICIES, CONDUCT AND OBLIGATIONS, INCLUDING, BUT NOT LIMITED TO, PROVISIONS IN THE EVENT OF DIVORCE, FOR ARBITRATION OF DISPUTES, RESIGNATION, REDEMPTION OF MEMBERSHIPS, FINANCIAL OBLIGATIONS, DISCIPLINARY ACTION, RELEASE OF LIABILITY FOR PERSONAL INJURY AND THEFT. I/WE HEREBY FULLY RELEASE AND DISCHARGE THE CLUB, ITS EMPLOYEES, AGENTS, SHAREHOLDERS, AFFILIATES AND ASSIGNS FROM ANY LIABILITY, INJURY, LOSS, DAMAGE OR CLAIM ARISING FROM MY/OUR USE OF THE CLUB FACILITIES.

By providing the address(es) (including e-mail), phone numbers(s), and fax number(s) above, I/we hereby give the Club my/our express written permission to contact me/us at each number or address to keep me/us informed about Club events, services and offerings, and to list such information in social membership directories made available to other Club members to print, or online in the "Members Only" section of the Club's website. I/We acknowledge that the Club values my/our right to privacy. I/We understand that I/we can revoke this consent at any time by contacting the Club in writing.

I/We agree the terms and conditions of my/our membership may not be added to, amended, or contradicted in any way by evidence of prior, contemporaneous, or subsequent oral agreements of any kind and acknowledge there are no unwritten oral agreements of any kind.

By signing below, we hereby certify that we hold a marriage license, or a certificate of domestic partnership or civil union, which evidences our existing spousal relationship. If we do not hold one of the above, we acknowledge that the Club requires execution of a separate Spousal Relationship Statement. I understand that Membership is contingent upon approval of the Club, which approval shall be at its sole and absolute discretion.

Primary Candidate's Signature

Print Name

Date

Additional Candidate's Signature

Print Name

Date

The DuPont Country Club policy is that no applicant will be discriminated against because of age (with statutory limits), race, religion, color, sex, disability, national origin, ancestry, marital status, sexual orientation, gender identity/expression, or veteran status with respect to the selection for membership.



Fitness Center Release Form

Every member or guest, prior to using this facility, must fill out this form and submit it to our Director of Fitness and/or Personal Trainer.

1. I understand that the use of The DuPont Country Club's Fitness Center ("Fitness Center") equipment, services, and activities ("Fitness Center Facilities") may be hazardous, and may result in illness, injury to myself, others, or property, and even my death or the death of others ("Hazards").
2. I hereby acknowledge and agree that, by utilizing the Fitness Center Facilities, I assume the sole risk and responsibility for any Hazards resulting from my use of the Fitness Center Facilities, and I understand that Rockland Sports, LLC, DuPont Country Club, and each of its officers, directors, employees, members, representatives ("Released Parties") will not be liable for any such hazards.
3. I assume the sole risk and responsibility for any Hazards resulting from any third party's use of the Fitness Center Facilities, and I understand that the Released Parties will not be liable for any such Hazards.
4. I acknowledge and agree that I have been advised to consult with a physician before beginning any exercise program whatsoever.
5. By using the Fitness Center Facilities, I am certifying that (a) I have had a recent physical examination by my personal physician, and have been given my physician's permission to participate in the use of the Fitness Center Facilities, whether for the purpose of strenuous activity or otherwise, or (b) I declare myself to be physically sound, and not suffering from any condition or impairment that could prevent me from undertaking the use of the Fitness Center Facilities.
6. I assume all risk and responsibility of Hazards that result from my use of the Fitness Center Facilities against the advice of a physician or other health professional, and I acknowledge and agree that the Released Parties are not responsible for my conduct.
7. I understand that it is my responsibility to cease any use of the Fitness Center Facilities if in the course of using the Fitness Center Facilities I feel as though I may be ill or injured, and to promptly consult with a physician or other health professional. I assume any risk or responsibility for Hazards that arise if I continue to use the Fitness Center Facilities under such circumstances, and I agree that I will not hold the Released Parties liable for my conduct.
8. I understand that it is my responsibility to seek assistance if I am unable to use the equipment or any other party of the Fitness Center Facilities correctly. I assume the risk and responsibility for any Hazards arising as a result of my improper use of the Fitness Center Facilities, and I agree that I will not hold the Released Parties liable for my conduct.
9. I agree that by using the Fitness Center Facilities, I do so at my sole risk, and I assume all risk of injury, illness, damage, or loss to myself or to my property.
10. I further agree that the Released Parties shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever arising out of or connected with my use of the Fitness Center Facilities or the premises where the same are located, and I do hereby expressly release and discharge the Released Parties from any such claims or negligence on the part of the Released Parties.
11. I acknowledge that I have carefully read, understood, and asked any questions pertaining to the above paragraphs. I acknowledge that I fully understand that I am releasing the Released Parties from liability.

Signature

Printed Name

Date

(A parent or guardian is required to sign on behalf of any minor Fitness Center user)

PAYMENT AND CREDIT CARD AUTHORIZATION FORM

In addition to charges noted below I authorize the DuPont Country Club to charge my credit/debit card for delinquent charges incurred at the club under my membership number as follows. Should you wish to may payment via Cash or Check, we still require a card on file for delinquent charges.

(2% Credit Card Processing Fee will be Applied)

Name as listed on card: _____

Credit Card type: Amex MasterCard Visa

Discover

Credit Card #: _____ Expiration Date: _____

Type of charge: \$150.00 Application Fee: YES _____ NO _____

Initiation Fee: YES _____ NO _____

Monthly Charges: YES _____ NO _____

I would like to receive my monthly statement electronically by e-mail

I understand this agreement may be changed at any time, but only by written notice received by the Club.

By allowing these charges I understand that I am responsible for reviewing my statement each month. I understand that I will still receive a monthly statement to review and that I have until the 20th of the billing month to dispute any charges or discrepancies on my statement. The club will then automatically bill my account on the 20th if not previously notified.

Notification of non-payment (card denials) will be via my monthly statement. It is also my responsibility to notify the club of any changes with account numbers or expiration date and/or Lost/Stolen cards.

Signature: _____ Date: _____

Print Name: _____

PLEASE TURN IN THIS COMPLETED FORM WITH YOUR APPLICATION

You may hand deliver this application to the Membership Office or send in by:

- Scan and email to *DCCmembership@dupontcc.com*
- Mail to 1001 Rockland Road, Wilmington DE 19803 Attn: Membership Office