



The DuPont Country Club Membership Application

PRIMARY APPLICANT INFORMATION

<input type="text"/>	<input type="text"/>
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Full Name

Preferred Prefix/Suffix

<input type="text"/>	<input type="text"/>
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Date of Birth

Gender

<input type="text"/>

Home Address

<input type="text"/>	<input type="text"/>
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Email Address

Cell Phone

<input type="text"/>	<input type="text"/>
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Employer

Position

<input type="text"/>

Business Address

<input type="text"/>

Previous or Current Club, Philanthropic, or Civic Affiliations

SPOUSE/DOMESTIC PARTNER INFORMATION

<input type="text"/>	<input type="text"/>
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Full Name

Preferred Prefix/Suffix

<input type="text"/>	<input type="text"/>
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Date of Birth

Gender

<input type="text"/>	<input type="text"/>
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Email Address

Cell Phone

<input type="text"/>	<input type="text"/>
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Employer

Position

<input type="text"/>

Business Address

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

DEPENDENT #1 - AGE 21 & UNDER

Full Name

Gender

Date of Birth

Cell Phone *(If Applicable)*

DEPENDENT #2 - AGE 21 & UNDER

Full Name

Gender

Date of Birth

Cell Phone *(If Applicable)*

DEPENDENT #3 - AGE 21 & UNDER

Full Name

Gender

Date of Birth

Cell Phone *(If Applicable)*

DEPENDENT #4 - AGE 21 & UNDER

Full Name

Gender

Date of Birth



Cell Phone *(If Applicable)*

INTEREST IN MEMBERSHIP

Please share your expectations for membership at the DuPont Country Club and explain why you are interested in joining. Include any specific interests, club activities, or social offerings that you and your family look forward to participating in as members.

MEMBERSHIP LEVEL SELECTION

Please select the membership level you are applying for.

-  Unlimited Golf  Limited Golf  Racquets  House

In addition to the above, please select which plan you are applying for. The Family plan includes the primary member, spouse/domestic partner of the primary member, and dependent children up to the age of 21. Please be advised that Junior memberships are complimentary with the family membership plan. The Young Adult category is for those within the ages of 22 and 35.

- Individual Family Junior Young Adult Individual Young Adult Family




In addition to the above, if you are applying for the Racquets level and would also like to add on the Golf Practice Upgrade, please select the below.

- Golf Practice Upgrade (*Racquets level only*)

SPONSOR INFORMATION

Sponsor's Name

Sponsor's Membership Level:

-  Unlimited Golf  Limited Golf  Racquets  House

Years as Member

Relationship to You

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/We further authorize that any Member Account charges not timely paid may then be charged to any card that I/We provide to the Club for such purposes. Member account charges that are disputed sixty (60) days after the charge date will not be reversed. If a member's sixty-day balance exceeds one-thousand (1,000) dollars, the membership will be suspended until the balance is paid in-full. 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 Club Bylaws, 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/We understand and agree that I/We must maintain my/our selected level of membership for at least (12) months from my/our activation before downgrading or canceling my/our membership. In the event that I/We prematurely break this agreement, the Club has my/our permission to make a (1)-time charge to my/our credit card (unless other arrangements are made) for all outstanding dues and fees plus any remaining dues and fees which I/We would owe for the remaining term of the agreement. If I/We upgrade my/our membership level, my/our membership and these financial obligations shall automatically renew for an additional (12) months. Once my/our (12)-month membership commitment has been fulfilled, my/our membership transitions to a month-to-month structure. At that point, I/We may resign at any time (given that there hasn't been a membership level change within that period, which would renew my/our (12)-month commitment) with written notice submitted to the Membership Office by the 15th of the month prior to my intended resignation date.

Please note: resignations are processed on the last day of the month.

ASSUMPTION OF LIABILITY

I/We understand that as a member of DuPont Country Club, I/We am assuming no liabilities whatsoever in connection with the membership other than the payment of my/our membership initiation fee, as applicable, monthly dues and charges incurred to me, my/our 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/We understand that any use of the facilities at the Club by myself, my/our family and/or my/our 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 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.

ACCEPTANCE OF RULES CONTINUED

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/We understand that membership is contingent upon approval of the Club, which approval shall be at its sole and absolute discretion.

Primary Candidate Signature

Print Name

Date

Additional Candidate Signature

Print Name

Date

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 and guest, prior to using our Fitness Center Facilities, must complete this form.

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.

Primary Candidate Signature

Print Name

Date

Additional Candidate Signature

Print Name

Date

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

PAYMENT & CREDIT CARD AUTHORIZATION FORM

In addition to the charges specified below, I hereby authorize the DuPont Country Club to charge my credit or debit card for any delinquent or outstanding amounts incurred under my membership account. In the event that payments are made by cash or check, I acknowledge and agree that a valid credit or debit card must remain on file with the DuPont Country Club and may be charged for any unpaid balances or delinquent charges arising under my membership.

Please note that a 3% processing fee will be applied to all credit and debit card transactions. The application fee may be paid by credit card, debit card, check, or cash; however, ACH (electronic bank transfer) payments cannot be accepted for the application fee. Upon activation of your membership, you will have the option to provide ACH (bank account) information, should you wish to make future payments via direct debit.

Card Type AMEX VISA MASTERCARD DISCOVER

Card Number Expiration Date

Name on Card CVV

Please indicate which charges you'd like to pay with the card provided above.

	YES	NO
\$150 Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
Initiation Fee	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Dues & Charges	<input type="checkbox"/>	<input type="checkbox"/>

I understand that this agreement may be changed at any time, but only with written notice received from the Club. By authorizing these charges, I acknowledge that I am responsible for reviewing my monthly statement. I understand that I will continue to receive a monthly statement via email, and that I have until the 20th of the billing month to dispute any charges or discrepancies. If no notification is received, the Club will automatically bill my account on the 20th.

Notification of non-payment (including card denials) will be provided through my monthly statement. I understand that it is my responsibility to notify the Club of any changes to my account information, including updated bank account or card numbers, expiration dates, or lost/stolen cards.

Primary Candidate Signature

Print Name Date

Additional Candidate Signature

Print Name Date