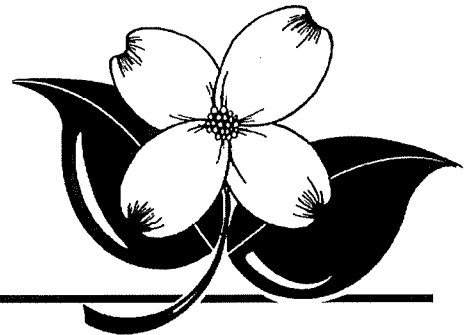


APPLICATION FOR MEMBERSHIP



THE BLUFFS

St. Francisville

14233 Sunrise Way St. Francisville, Louisiana 70775
225-634-6400 phone
www.thebluffs.com

MEMBER INFORMATION

Mr. Dr. Mrs. Ms.
 Other _____

Full Name (Please Print) _____ Date of Birth ___/___/___
First MI Last

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Home Street Address _____

City _____ State _____ Zip _____

Home Email _____

Marital Status Single Married

Company Name _____

Type of Business _____ Business Phone(____) _____ - _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Business Email _____ Business Fax (____) _____ - _____

SPOUSE INFORMATION

Mr. Dr. Mrs. Ms.
 Other _____

Full Name (Please Print) _____ Date of Birth ___/___/___

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Company Name _____

Type of Business _____ Business Phone(____) _____ - _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Business Email _____ Business Fax (____) _____ - _____

DEPENDENT INFORMATION

Dependents age 18 and under	Date of Birth	M/F	Charge Privileges
_____	_____/_____/_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____/_____/_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____/_____/_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____/_____/_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEMBERSHIP FEES AND DUES

I am applying for Membership in the following category: _____

Enclosed is my initiation fee in the amount of: _____

(Membership fees and dues are subject to state and local taxes. They are also subject to change at the sole discretion of the Club.)

I would prefer monthly statements to be emailed to: _____

I would prefer general club correspondence to be emailed to: _____

MEMBERSHIP CLASS (Check one)

Golf

- Golf Membership (\$200/month)
- Junior Executive (\$175/month)
35 and under
- Senior-65 and above (\$175/month)
- Commuter (\$125/month)
(60 miles or greater away)

Membership Extras (check all that apply)

- Trail Fee (Cart Path) (\$30/month)
- Range Plan (\$25/month)
- Cart Plan (\$60/month)
- Handicap Dues (\$38/annually)
- MGA Dues (\$65/annually)

Sports

- Sports Membership (\$150/month)
(Non-Resident)

Membership fees subject to state and local sales tax.

Member's Signature

Date

RESIGNATION

A Member may at any time submit a written request to the Club* General Manager to resign his/her membership once the twelve month contract has been met. Written notice must be given to the Club General Manager 30 days prior to the effective resignation date. A Member who has elected to resign his/her membership shall not be entitled to any repayment, refund or rebate of any kind, and he/she shall have been deemed to forfeit all fees, deposits and other charges previously made. Upon resignation of a membership, all outstanding dues and other charges and indebtedness owed to the Club and The Bluffs must be paid in full immediately.

MEMBERSHIP

The Bluffs is an entity established for the purpose of owning and operating the Club facilities for use as a golf, tennis, swimming and social club for the use and benefit of its members and guests. The membership confers upon the members the right to use the recreational facilities and amenities, applicable to member's membership classification, subject to the terms and conditions of the Bylaws. No application shall be declined based on race, religion, sex, or national origin. All memberships are for a 12 month period from the date of initiation.

PAYMENT OF ACCOUNT

Payment for member account is due upon receipt of the monthly statement. Undersigned agrees to pay the account when due. Undersigned agrees Club may assess interest and charge for past due accounts as provided in the Bylaws of the Club as amended from time to time. Undersigned agrees to pay all reasonable attorneys' fees, investigator fees and costs in the event this account is turned over for collection.

Signature: _____
Member's Signature

Date: _____

Signature: _____
Authorized Club Representative

Date: _____

*Within this document the Club refers to The Bluffs Renaissance, LLC

CREDIT CARD AUTHORIZATION

I agree to pay my monthly charges on my membership account with the credit card listed below.

It is understood that The Bluffs Renaissance LLC will mail and/or email my monthly statement at the beginning of each month and the amount due will be applied to my credit card when auto pay is run each month on or around the 10th of each month.

I understand it is my responsibility to inform the Club accountant of any changes to this credit card. This approval will remain in effect until written notification requesting cancellation is received by the Club Accountant.

CREDIT CARD HOLDER _____

TYPE OF CARD _____

CREDIT CARD # _____

EXPIRATION DATE _____

SIGNATURE _____

DATE _____