

RIVERRIDGE SENIOR MEN'S CLUB



2010 APPLICATION

\$50.00

RIVERRIDGE

Please Print

Name: _____ Home Phone: _____

Email: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Were you a member of the RiverRidge Senior Men's Club Last year? Yes___ No___
If Yes, your information is on record and you do not need to provide your GHIN and Club #.
If No, please continue.

TRANSFERRING MEMBERS

If you are transferring from another club, please fill out the information below (the cashier in the Pro Shop can make a copy for you). If you are transferring and do not have a card, please provide the GHIN number and the name of the club where you were a member.

(Course Name) (Club #) GHIN# _____ (year)
(You will be assigned a new GHIN number if a handicap was not established in the past year)

Member Agreement

Please read carefully each item below and acknowledge with your initials in the space provided

As a member of RiverRidge Senior Men's Club I acknowledge the following: Please Initial

*All members will play by and adhere to the Rules of Golf, established by the USGA. _____

*Unsportsmanlike conduct may result in disqualification, suspension or both, from club activities and at the discretion RiverRidge Golf Course. _____

*All members are responsible to post scores in accordance with the Oregon Golf Association Handicap System, using the equitable stroke rule. _____

*All members without USGA handicaps will play "scratch" (0), until their handicap is posted by the OGA (generally a minimum of five scores). _____

*In keeping with RiverRidge policy only non metal spikes may be worn. All members will adhere to RiverRidge dress codes. _____

Signature x _____

Date _____

FOR OFFICE USE ONLY

TRANS #: _____

DATE: _____

CASHIER: _____