

DAYTON VALLEY MEMBERSHIP AGREEMENT 2023

Membership Type	Start-Up Fee	Monthly Dues	Annual Dues
Full Individual	\$2,250	\$360	\$4,320
Full Family	\$3,750	\$465	\$5,580
Twilight Individual	\$850	\$200	\$2,400
Twilight Family	\$1200	\$275	\$3,300
Corporate	\$5000	\$1000	\$12,000

IF AT ANY TIME THE MEMBERSHIP IS NOT RENEWED THE MEMBERSHIP FEE IS FORFIETED.

MEMBERSHIPS CAN NOT BE PAUSED DUE TO NATURAL OCCURANCES, VACATION OR SEASONAL LEAVE.

The Member hereby agrees to pay the Tour Specs Golf Management LLC, the membership fee and the membership dues for the category of membership selected. The Member agrees that annual dues may be increased or decreased by Tour Specs Golf Management, in sole discretion, and understands that such dues will probably increase over time. The membership start -up fee is a non-refundable, one-time payment and shall be paid by the Member and delivered to Tour Specs Golf Management within five (5) business days of execution of this Agreement. If any amounts owed to Tour Specs Golf Management are not paid on a timely basis, the Member is liable for a late payment charge in accordance with the plan, which is incorporated herein by reference as if fully set forth.

A Member is not liable for assessments arising from capital improvements, renovations, or repairs. However, such expenditures by Tour Specs Golf Management may influence an increase in the membership fee paid by new Members or an increase in monthly dues.

Membership is contingent upon approval by Tour Specs Golf Management and execution hereof, which approval shall be at its sole discretion. Upon signing the Agreement, the undersigned authorizes the disclosure and release of information to Tour Specs Golf Management for investigating the Member's qualifications for membership, including credit history. The Member holds Tour Specs Golf Management harmless from any and all such acts. Tour Specs Golf Management retains the right in its sole discretion to disapprove of the Member's application for membership and decline to sign this Agreement.



The membership fee and annual dues are paid in consideration of the Member's right to play Dayton Valley Golf Course, as well as range and golf practice area usage. An Individual Membership applies to one (1) person. Family Membership includes spouse and all household residents under the age of 21. Individual or Family Memberships are NOT transferable. Other membership benefits include a 20% discount for soft goods in the pro shop, food at the grill and reduced rates for guests. A Member in good standing is allowed to charge pro shop purchases, guest fees and restaurant charges as a monthly expense to his/her account. No food and beverage monthly minimum expenditures are required.

**A twilight member will receive all the above benefits daily after 12:30PM during Peak Season and after 11AM in the Winter. Playing during peak hours will be granted at a member guest greens fee. New Twilight Memberships are limited to availability.

Summary of Membership Benefits (some restrictions apply)

- Cart Fee included
- Additional Cart Fee
- Range Balls & Use of Practice Facilities (twilight not included)
- Discounts in the Golf Shop & Grill
- Special Member ONLY Events

- Reduced Green Fees for Member Guests
- No Food & Beverage Minimums
- Ability to Book Tee Times Two Weeks in Advance

2023 Membership Selected

Full Individual	
Membership Fee:	
o 1 st month fee:	☐ Twilight Individual
o Total Due:	Membership Fee:
Full Family	o 1 st month fee:
Membership Fee:	o Total Due:
o 1 st month fee:	
o Total Due:	☐ Twilight Family
Corporate	Membership Fee:
Membership Fee:	o 1 st month fee:
o 1 st month fee:	o Total Due:
o Total Due:	



If the Member is married, both the member	ber and his/her spouse must sign below.
Date	Signed
	Member's Signature
Date	Signed
	SignedSpouse's Signature (if applicable)
This Membership Agreement shelow.	nall not be binding on the Club unless and until the Club has signed
ACCEPTED BY:	
Tour Specs Golf Management By:	Office Use Only: Member #
	Profile:
Title:	POS:
Course:	
Date:	EZPay:
	Tee Sheet:
Notes:	
Date Paid in Full:	
Atta	ch copy of receipt to this document



MEMBER INFORMATION PERSONAL

Applicant:			
Spouse:			
	Street		
_	City	State	Zip
Home Telephone:_			
Mobile Telephone:_			
Email Address:			
	residing in the same he	ousehold 21 years or younger:	
Name:		Date of Birth:	
		_	
		<u> </u>	



PERSONAL - Corporate Designee #1

Applicant:			
Address:			
	Street		
	City	State	Zip
Home phone:		Mobile phone:	
Email Address:			
	PERSONAL - Corporate Designee #2		
Applicant:			
	Street		
	City	State	Zip
-		Mobile phone:	
Email Address:			
	PERSONAL- Corporate Designee #3		
Applicant:			
Address:			
	Street		
	City	State	Zip
Home phone:		Mobile phone:	
Email Address:			



PERSONAL- Corporate Designee #4

Applicant:			
Address:			
	Street		
	City	State	Zip
Home phone:	Mobile phone:		·
Email Address:			



The Club Credit Policy

All dues and other charges for food, beverage, merchandise and services which are not paid in cash will be AUTOMATICALLY debited from the debit/credit card listed below prior to the next month's billing. The debit/credit card charge will be for the current month's dues and previous months charges. As a reminder, statements will be mailed out to members the first week of the month. Any statement disputes should be brought to the attention of the club representative prior to the next month's billing. A member can avoid the automatic charge by paying the entire statement prior to the next billing. Should you have any questions about your account, please contact Member Services at 775-246-7888 ext 15.

I authorize any and all delinquent charges incurred on my account to be charged to the debit/credit card listed below. I certify that the below listed card is issued to me and I agree that all or any disputes on my credit card will be promptly brought to the attention of the club representative. I also understand that I am obligated to keep a valid approved debit/credit card on file with the club at all times.

PRIVACY DISCLOSURE: The payment information collected to administer your membership account is treated confidentially and will not be shared with anyone except the financial institutions and those employees used to process payments. Your payment information is NOT shared, sold or made public in any way.

Debit/Credit Card Type:	Expiration Date:	
Debit/Credit Card Number:	CCV:	
Cardholder Name:		
(As It Appea	rs On The Card)	
Cardholder's Signature:		
Tour Specs Golf Management will EM statements USPS mailed, please initial he	AIL monthly statements. If you would like re	
The undersigned hereby further authorizes th Tour Specs Golf Management for investigation includes, and is not limited to, my credit histo	ng my qualifications for membership. This	
Data	Signature of Applicant	
Date Signature of Applicant		