

For office use only

Date Received and Referred to Membership Committee: _____

Report of Membership Committee:_____Date:_____

Board Approval:_____Date:_____

Posted By:_____Date:_____Removed By:_____Date:_____

Application Notified By:_____Date:_____Fees Paid:_____Date:_____

Account Number: _____

Newsletter Sent:_____Statement Sent: _____



3600 Ridgewood Road
Jackson, MS 39211
(601) 987-4450
www.riverhillsclub.net



Application for Membership





Type of Membership Desired

☐ Stock Member (ages 40 & over) ☐ Jr. Associate Member (ages 21-29) ☐ Jr. Associate Member (ages 30-34)
☐ Jr. Associate Member (ages 35-39) ☐ Social Member ☐ Non-Resident Member

Personal Information

Name _____
Title First Middle Initial Last Nickname

Home Address _____
Street City State Zip Code

Home Phone Number_____ Mobile Phone Number _____

Date of Birth_____ Social Security Number _____

Email Address _____

☐ Single ☐ Married ☐ Widowed If married, please fill out the spouse information below.

Spouse Name _____
Title First Middle Initial Last Nickname

Cell Phone Number_____ Wedding Anniversary Date _____

Social Security Number_____ Date of Birth _____

Spouse’s Email Address _____

Business Information

Applicant’s Occupation and/or Nature of Business or Profession_____ ☐ Retired

Name of Company_____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number_____ Years in Present Employment _____

Email Address _____

Spouse’s Occupation and/or Nature of Business or Profession_____ ☐ Retired

Name of Company_____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number_____ Years in Present Employment _____

Email Address _____



Children

Children eligible to use club facilities:

1. _____ ☐ Male ☐ Female
First Last Date of Birth
2. _____ ☐ Male ☐ Female
First Last Date of Birth
3. _____ ☐ Male ☐ Female
First Last Date of Birth
4. _____ ☐ Male ☐ Female
First Last Date of Birth

Affiliations

Are you a prior member of River Hills Club? ☐ Yes ☐ No If so, when? _____

Are you a current or previous member of another country club? If so, please list. ☐ Yes ☐ No

Club Information (Name, Phone Number): _____

Authorization

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my Application for Membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of River Hills Club in the present form or as may be amended. I also agree to keep my account in good standing at all times and agree that should the Club engage an attorney to collect on my account, I will pay all attorney fees, expenses and costs of the court incurred by the Club.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing River Hills Club.

Applicant’s Signature_____Date _____

Spouse’s Signature _____Date _____
(If applicable)



Endorsement and Recommendation

I, the undersigned member of the River Hills Club, certify that I have known the above named applicant and hereby recommend that the applicant be granted membership.

Member’s Name (print)	RHC Number	Member’s Signature	Years Known
_____	_____	_____	_____