



## 2018 SUMMER MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Billing Address (CHECK ONE):  Local  Business

Telephone: (LOCAL) \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

### BUSINESS

Applicant's Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Spouse's Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

### CHILDREN

Unmarried Children of Applicant Twenty-Two Years of Age or Under Living at Home:

	NAME	DATE OF BIRTH	MALE / FEMALE	ATTENDING SCHOOL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

### INDIAN RIVER CLUB ACQUAINTANCES (If Any)

NAME

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### OTHER CLUB MEMBERSHIPS (PRESENT AND FORMER, PLEASE LIST ALL)

NAME OF CLUB

ADDRESS

TELEPHONE

1. \_\_\_\_\_  
2. \_\_\_\_\_

**TERMS AND CONDITION OF AGREEMENT AND MEMBERSHIP**

**1. VERIFICATION OF AGREEMENT.**

Upon signing this Application, Applicant and Applicant's Spouse (if any) each authorize the disclosure and release of information to the Club for investigating qualifications for membership, including without limitation, credit histories, and authorize those persons or entities listed herein to furnish information to the Club. Applicant and Applicant's Spouse each agree that all information and communications received by the Club are privileged, confidential and not subject to disclosure to the undersigned or to any other person other than authorized Club personnel. The undersigned each agree never to make demand on the Club or any other person to disclose any of the information or communications to the undersigned, and the undersigned releases the Club and its members, partners, officers, directors, shareholders, employees, representatives, affiliates and agents and any person providing information or communications from any liability in connection therewith.

This Application shall be governed by and construed in accordance with the laws of the State of Florida without regard to principles of conflicts of laws.

If applying for a family membership, the signatures of both spouses are required.

Date: \_\_\_\_\_, 2018

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant's Spouse

**This Membership Agreement shall not be binding on the Club until signed receipt of the Summer Membership Rules and Regulations and the acceptance below is signed by the applicant and ratified by the Club.**

**APPROVED AND ACCEPTED:**

**THE NEW INDIAN RIVER CLUB  
d/b/a/ INDIAN RIVER CLUB**

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Director

03/15/18