

Application and Agreement Signature Gold Unlimited through Reflection Ridge Golf Club – Wichita, KS

Mr Mrs Dr Member Number:	
Member Name:	
Spouse Name:	
Email Address(es):	
Dependent:	Date of birth:
Dependent:	Date of birth:
Primary Address Information:	
Home Street Address (No P.O Box):	
City, State, Country, Zip Code:	
Home Phone Number:	Cell Phone Number:
Company Name:	
Company Address:	
Business Phone Number:	
By upgrading to this benefit, I understand that my privileges a http://www.clubcorp.com/ClubCorp-Network/About-the-ClubCorp-Conditions , are incorporated herein by reference, and may be amend of the Signature Gold Unlimited program, Associate Clubs Inter-Facilities without prior notice. By signing below, I acknowledge to must be paid by major credit card or other form of payment accept so, I agree that ACI or Reflection Ridge Golf Club may terminate immediately. I understand if the credit card company rejects any allowed by law. I agree to conform to and be bound by the Members of the conditions of the co	ited Associate Club program offered through Reflection Ridge Golf Club. are subject to the benefit terms and conditions, which are available at b-Network/My-World/Signature-Gold-Unlimited/Signature-Gold-Terms-Inded from time to time without prior notice. I agree that the administrator mational (ACI), may add or subtract Participating Clubs or Participating that all charges for services that are required to be paid at time of service table to the Participating Club or Participating Facility. Should I fail to do my participation in the Signature Gold Unlimited Associate Club program charges, I may be subject to reasonable collection fees and late charges as bership Bylaws and Rules and Regulations of all Participating Clubs and ne. The above authorizations shall remain in effect for so long as I am
Authorized Signature:	Date