



**THE HOLLOWES**  
**GOLF CLUB**

*Play as you are.*

# Membership Application

## Member Information

Name:

Address:

City:

State:

Zip:

Cell Phone:

Work Phone:

Email Address:

Date of Birth:

## Family Membership

Spouse:

Child 1:

Child 2:

Child 3:

Date of Birth:

Date of Birth:

Date of Birth:

*Family Memberships -- Includes the legal spouse of the Member who is living in the Member's home and unmarried children who are under the age of 23 and either living in the Members's home or attending school on a full-time basis.*

## Corporate Membership

Corporation Name:

Address:

City:

State:

Zip:

Member 2:

Member 3:

Member 4:

## Annual Membership Categories

Individual

Annual: \$1200       \$110/Month

Individual Annual Cart Plan

Annual: \$1,140       \$95/Month

Corporate (4 designees)

Annual: \$4000       \$400/Month

Family

Annual: \$1750       \$160/Month

Family Annual Cart Plan

Annual: \$1800       \$150/Month

Junior (Under 18Yrs.)

Annual: \$500

*Monthly Members **must** provide a credit card as all re-accruing dues charges will be applied to the card provided.*

## Credit Card Information

Visa:

Mastercard:

Exp. Date:

Security Code:

**\*\*Charges will be made between the 1<sup>st</sup> and 5<sup>th</sup> of each month.**

## HOLD HARMLESS

I hereby acknowledge that the use of the Club Facilities and any privilege or service incident to the membership is undertaken with the knowledge of the risk of possible injury. I hereby accept any and all risk of injury to myself, my guest, and family sustained while using the Club Facilities or involved in any event or activity incident to membership I the Club. In accepting the risk of injury, I understand that I am relieving Fundamental Golf Properties (doing business as The Hollows) and any of their managers, directors, officers, employees, and affiliates from any and all loss, cost, claims, injury, damage, or liability sustained or incurred by me, my guests, and my family resulting from or arising out of conduct or event connected with membership in the Club and use of any of the Club Facilities.

## VERIFICATION OF APPLICATION

By signing this membership application, I authorize the release of information to The Hollows Golf Club in order to investigate my qualifications for membership and authorize persons or entities to furnish information to the club, include a credit report if requested.

## ACKNOWLEDGEMENT OF MEMBERSHIP RIGHTS

Membership at The Hollows Golf Club permits use of the Club Facilities in accordance with this Membership Plan. Membership to The Hollows is not an investment in the Club or its facilities, and does not provide the member with an equity or ownership interest or any vested or prescriptive right or easement in or to the Club or its facilities. Members will not be entitled to vote or participate in the management of the Club. If approved for membership in the Club, the member agrees to be bound by the terms and conditions of the Membership Plan as it may be amended from time to time. The Hollows reserves the right in its sole discretion, to reserve memberships, to any category of membership.

## MEMBERSHIP COMMITMENT

I acknowledge that by purchasing an annual pass, I will receive membership privileges for 1 year period beginning on the date of purchase. At no time will the purchase of an annual membership be prorated. I further understand that by signing up for a membership billed on a monthly basis, I will have a 1 year commitment from the date of activation. I authorize The Hollows to charge the credit card provided with this application for applicable fees. Charges for dues will be made between the 1<sup>st</sup> and 5<sup>th</sup> of day of the month. *After the one year commitment is fulfilled, monthly charges will continue until The Hollows has been notified to stop monthly charges.*

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

### Please Remit To:

The Hollows Golf Club  
14501 Greenwood Church Road  
Montpelier, VA. 23192  
Phone: 804-883-5381 / Fax: 804-883-7738