



Membership # \_\_\_\_\_

### *Twelve Month Preview Membership*

**\$1,000 Individual Initiation Fee**  
**\$1,500 Family Initiation Fee**  
**(Includes spouse and any children up to the age of 22)**

**80% of Full Regular Monthly Dues**

Preview Memberships include the following benefits:

- Access to the “Members Only” Golf Course (2 weeks in advance)
- Monday - Friday tee times available ALL DAY on member-designated course
- Tee Times available after 12:00pm on Saturday and Sunday on member-designated course
- Monday – Sunday tee times available ALL DAY on Resort Course (48 hours in advance)
- GHIN handicap service included
- Members’ Lounge and Locker Room access
- Golf Cart fees included
- Practice Range fees included
- Access to Member Golf Events (**Club Championship Excluded**)
- Golf Shop and Vintage Room discounts
- No food minimums or capital assessments!!
- Preview Membership good for 12 months from date of purchase

**Initiation fees may be applied toward full membership. Preview Memberships are non-refundable and non-transferable.**

I accept this proposal and agree to pay the initiation fee of \$\_\_\_\_\_.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

\_\_\_\_\_  
Matthew Brennan / Membership Director Date \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Member Sponsor - if required)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Family Member / Relationship)

(\_\_\_\_\_) \_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Family Member / Relationship)

\_\_\_\_\_  
(Email address)

\_\_\_\_\_  
(Family Member / Relationship)

Completing this application does not guarantee membership. You will be notified of approval by the Membership Director. No fees will be collected until membership is accepted by The Reserve.

**A completed and signed credit card authorization form must accompany this application. Any charges made to your membership account will be automatically billed to your credit card at the end of The Reserve’s monthly billing cycle.**



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
as it appears on the credit card

Credit Card Type: Please check the credit card type you will be using for payment.

Visa \_\_\_ M/C \_\_\_ Amex \_\_\_ Discover \_\_\_

Credit Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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