



APPLICATION FOR DUAL CLUB MEMBERSHIP

NEW DUAL CLUB POOL SOCIAL

NEW DUAL CLUB SPORT

NEW DUAL CLUB GOLF

NEW DUAL CLUB PLATINUM

PERSONAL

Applicant's Name _____

Social Security Number _____ Birth Date (mm/dd/yy) _____

Spouse's Name _____ Birth Date (mm/dd/yy) _____

Social Security Number _____ Anniversary Date (mm/dd/yy) _____

Local Address _____

Number	Street	State	Zip Code
--------	--------	-------	----------

Out of Town Address _____

Number	Street	State	Zip Code
--------	--------	-------	----------

Billing Address _____

Number	Street	State	Zip Code
--------	--------	-------	----------

Club Communications Address _____

Number	Street	State	Zip Code
--------	--------	-------	----------

Telephone Local Residence _____ Applicant Mobile _____ Spouse Mobile _____

Applicant Email _____ Spouse Email _____

Other Email _____

Unmarried children under the age of 23

<u>Name</u>	<u>Male/Female</u> (mm/dd/yy)	<u>Birth Date</u>	<u>Email Address</u>	<u>Charging Privileges</u>
_____				Yes ___ No ___
_____				Yes ___ No ___
_____				Yes ___ No ___
_____				Yes ___ No ___
_____				Yes ___ No ___
_____				Yes ___ No ___

BUSINESS

Applicant's Company Name _____ Title _____

Business Address _____

Telephone _____ Years in Present Employment _____ ? Retired _____

Fax Number () _____

Spouse's Company Name _____ Title _____

Business Address _____

Telephone _____ Years in Present Employment _____ ? Retired _____

Fax Number () _____

The undersigned hereby applies for the following category of membership in The Legend at Bergamont & Hawks Landing Golf Club (the "CLUB"):

___ **NEW Dual Club Platinum Membership** _____ *date paid* \$60,000 *non-refundable*

<u>MEMBERSHIP CATEGORIES</u>	<u>INITIATION FEE*</u> <i>non refundable</i>
___ NEW Dual Club Family Golf	\$5,000
___ NEW Dual Club Senior Golf (65 & over)	\$5,000
___ NEW Dual Club Jr. Exec Golf (31-39 years)	\$5,000
___ NEW Dual Club Single User Golf	\$5,000
___ NEW Dual Club Junior (30 & under) Golf	\$5,000 <i>(portion is deferrable)</i>
___ NEW Dual Club Sport	\$1,000
___ NEW Dual Club Pool Social	\$500

I hereby agree to pay to the Club the non-refundable initiation fee for the category of membership selected as follows: Dual Club Platinum, Dual Club Family Golf, Dual Club Senior Golf, Dual Club Jr. Exec Golf, Dual Club, Single User Golf, Dual Club Sport, and Dual Club Pool Social Membership. **Non-refundable initiation fees must be paid in full and submitted with the application, unless otherwise noted by authorized club representative.** The amount of dues and initiation fee* for each membership category is described on a separate Schedule of Dues and Charges. *(*Initiation fee is \$1,000 down with application, plus \$100 per month for 48 months OR \$4,000 paid in full with application)*

Transferable Memberships

Legend Dual Club Golf *(refundable or non-refundable)* &, Legend Dual Club Sport *(refundable or non-refundable)* Memberships are transferable through the club to a third party with the sale of a home, lot or condominium in The Legend at Bergamont. Such designee must be pre-approved by the club and is not subject to any waiting list in place.

NON REFUNDABLE DUAL CLUB MEMBERSHIPS

The initiation fees paid for all membership categories above are non-refundable.

MEMBERSHIP RESIGNATION AND FUTURE ELIGIBILITY FOR MEMBERSHIP

Members resigning from ANY Dual Club Membership category will not be considered for membership at The Club for a term of no less than 5 years from the accepted date of resignation.

GENERAL PROVISIONS

Membership is contingent upon approval by the Club, which approval shall be at its discretion

PAYMENT OF FEES, DUES AND CHARGES

I hereby acknowledge that all dues, fees and charges for food, beverage, merchandise and services at the Club, together with any applicable taxes or similar charges that are not paid in cash, if cash payments are permitted, will be billed on a monthly basis. I hereby approve my Dual Club monthly charges to be paid pay via ACH direct debit payment method approved by the club. *(separate form attached)*

Should any bill remain unpaid for more than thirty (30) days after billing date thereafter WILL be increased by 3.0% and charged to my credit card. I authorize any and all charges (including membership dues and fees), incurred on my account with the Club and unpaid within 30 days to be charged to the credit card listed below. I certify that the below listed card is issued to me and agree that all disputes on my credit card account relating to the Club will be promptly brought to the Club's attention. I understand that I am obligated to keep a valid approved credit card on file with the Club at all times.

Name as it appears on Credit Card _____

Credit Card Type _____ Credit Card Number _____ Exp. Date _____

Cardholder Signature _____ 3-Digit Security Code _____

Upon signing this Application, I authorize the disclosure and release of information requested by the Club for investigating my qualifications for membership, including without limitation my credit history.

I hereby acknowledge that the use of the Club Facilities and any privilege or service incident to membership is undertaken with knowledge of risk of possible injury. I hereby accept any and all risk of injury to myself, my guests and my family sustained while using the Club Facilities or involved in any event or activity incident to membership in the Club. In accepting the risk of injury, I understand that I am relieving The Legend at Bergamont LP, Hawks Landing Golf Club LLC and its successors and assigns, and their directors, officers, partners, shareholders, employees, agents and affiliates and the Members of the advisory Board of Governors of the Club from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or event connected with membership in the Club and use of any of the Club Facilities.

I hereby acknowledge receipt of the Dual Club Membership Plan and Rules and Regulations and that I have read and understand them, and agree to be bound by the terms and conditions thereof as the same may be amended from time to time by the Club. I further acknowledge that I am not relying on any oral representations in acquiring a membership in the Club.

If the applicant is married, both spouses must sign below.

Applicant's Signature

Spouse's Signature

Date

This Application for Membership shall not be binding on the Club until the acceptance below is signed.



Hawks Landing Golf Club
88 Hawks Landing Circle
Verona, Wisconsin 53593
608-848-4295
rich@hawkslandinggolfclub.com

APPROVED AND ACCEPTED BY:

HAWKS LANDING GOLF CLUB

By: _____
Authorized Representative

Date: _____



The Legend at Bergamont
699 Bergamont Boulevard
Oregon, Wisconsin 53575
608-835-6900
jgaudion@thelegendclubs.com

APPROVED AND ACCEPTED BY:

THE LEGEND AT BERGAMONT

By: _____
Authorized Representative

Date: _____