



2017 MEMBERSHIP AGREEMENT

THIS AGREEMENT, BETWEEN THE BRIARBROOK COMMUNITY IMPROVEMENT DISTRICT AND MEMBER, IS FOR A PERIOD OF ONE YEAR FROM THE DATE OF THIS CONTRACT. YOUR MEMBERSHIP INCLUDES UNLIMITED GREEN FEES, USE OF THE POOL, AND UNLIMITED PRACTICE BALLS FOR YOUR FAMILY. *MUST RESIDE IN THE SAME HOME

BY SIGNING THIS CONTRACT YOU ARE COMMITTING TO PAYING DUES FOR A 12 MONTH PERIOD.

PLEASE SELECT A MEMBERSHIP:

IN DISTRICT MEMBERSHIPS: *MUST BE LIVING OR OWN PROPERTY WITHIN WARD 3.

___ \$110.00 PER MONTH VIA ACH PAYMENT, or ACH withdrawal. (ACH IS TAKEN OUT ON THE 1ST OR THE 15TH OF THE MONTH). Requires a 12 month agreement.

___ \$1210.00 PER YEAR. (DUE UPON SIGNING THIS AGREEMENT). By paying annually you get the 12th month free.

NON RESIDENT MEMBERSHIPS: *ANYONE NOT LIVING IN WARD 3.

___ \$120.00 PER MONTH VIA ACH PAYMENT or ACH withdrawal. (ACH IS TAKEN OUT ON THE 1ST OR THE 15TH OF THE MONTH).

___ \$1320.00 PER YEAR. (DUE UPON SIGNING THIS AGREEMENT). By paying annually you get the 12th month free

New for 2017 20 + MILES AWAY MEMBERSHIP:

___ \$75.00 PER MONTH. THIS MEMBER MUST LIVE A MINIMUM OF 20 MILES OR MORE FROM 502 BRIARBROOK DRIVE, TO YOUR HOME ADDRESS. THIS MEMBER WILL RECEIVE THE SAME MEMBER PRIVILAGES AS ANY OF THE OTHER MEMBERSHIPS. PAYABLE THROUGH ACH ON THE 1ST OR THE 15TH OF THE MONTH, OR

___ **Annual payment** - \$825.00 PER YEAR. (DUE UPON SIGNING THIS AGREEMENT). BY PAYING ANNUALLY YOU GET THE 12TH MONTH FREE.

CARTS AND CART FEES:

___ TRAIL FEES ARE FOR IN DISTRICT MEMBERS ONLY, AND APPLY TO A SINGLE PRIVATELY OWNED CART. THEY CAN BE PAID ANNUALLY OR THROUGH THE ACH PROGRAM. PLEASE SELECT A METHOD OF PAYMENT.

___ \$330.00 PAID ANNUALLY ___ \$30.00 PER MONTH VIA ACH PROGRAM

UNLIMITED CART PROGRAM: EACH PLAN IS PAYABLE EITHER ANNUALLY OR MONTHLY VIA ACH.

___ \$50.00 PER MONTH, OR \$600.00 ANNUALLY. (PLEASE CIRCLE ONE.) THIS IS A PLAN FOR UNLIMITED CART FOR A SINGLE USER OF THE FAMILY. ALL OTHER FAMILY MEMBERS WOULD PAY A DAILY CART FEE. ALL DRIVERS MUST HAVE A VALID DRIVERS LICENSE. DRIVER IS RESPONSIBLE FOR ALL DAMAGES TO A BRIARBROOK OWNED OR LEASED GOLF CAR. **THIS DOES NOT GIVE YOU THE RIGHT TO USE A CART FOR YOURSELF ALONE! YOU WILL BE ASKED TO PAIR UP ON ALL CLUB OWNED GOLF CARS!**

___ \$70.00 PER MONTH OR \$840.00 ANNUALLY. (PLEASE CIRCLE ONE.) THIS PLAN WILL COVER ALL IMMEDIATE FAMILY MEMBERS RESIDING IN THE SAME RESIDENCE. ALL DRIVERS MUST HAVE A VALID DRIVERS LICENSE. DRIVER IS RESPONSIBLE FOR ALL DAMAGES TO A BRIARBROOK OWNED OR LEASED GOLF CAR. **THIS DOES NOT ENTITLE THE USE OF A CART FOR YOURSELF ALONE! YOU WILL BE ASKED TO PAIR UP ON ALL CLUB OWNED GOLF CARS!**

___ CLASIFIY ME AS A DAILY RENTER.

Applicant's Information:

Members Name: _____ **Date of Birth:** _____

Home

Address: _____

City, State, Zip

Code: _____

Home Phone Number() _____ - _____ **Cell Phone**() _____ - _____

Email Address: _____

Gender: _____ Male _____ Female

Married: _____ Yes _____ No

Spouse's Information:

Name _____

Date of Birth _____ **Home Phone Number**() _____ - _____

Cell Phone() _____ - _____

Email Address _____

Children's Information (must live in same dwelling)

Child's Name	Gender	DOB
Child's Name	Gender	DOB
Child's Name	Gender	DOB
Child's Name	Gender	DOB
Child's Name	Gender	DOB
Child's Name	Gender	DOB
Child's Name	Gender	DOB

Members Signature: _____

*By Signing this Form, The Member or Members are agreeing to all of the Terms & Conditions stated in the 2015 Annual Membership Agreement, and understand that the member is responsible for their dues for 12 months.



Authorization Agreement for Direct Payments (ACH Debits)

I/we hereby authorize Briarbrook Community Improvement District, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I would like to have the ACH amount withdrawn on the 1st ___ or 15th ___ of each month, beginning _____ and ending _____.

Depository Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

This authorization is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name _____ ID Number _____

Signature _____ Date _____

Please attach copy of voided check to this form.