

Membership Application

Full Name :

Date Of Birth : Gender : Male Female
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Address Street :

Phone Number : Email :

Emergency Contact

Full Name :

Phone Number : Relationship :

Type of Membership

Payment Information

Card Number :

Expiration Date :

Name on Card :

Authorization for Payment of Fees - Electronic Bank Draft or Credit/Debit Card

I authorize Stonebridge Golf Club and the financial institution or credit card company named above to deduct the amount of my monthly fee from the account identified above. I understand my automatic payment will be deducted on the 1st day of each month. Changes in bank account or credit card information must be submitted by completing a new Membership application form and filling out the payment information section. Changes must be received by the last day of the month in order to be processed for next month's payment. Canceling a bank draft or credit card does not cancel a membership. In the event that a bank draft is revoked or an account

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I agree to abide by the following:

I agree to abide by all rules, regulations and bylaws of Stonebridge Golf Club of New Orleans. I understand and agree that this membership will begin on the date that this Contract is signed and will run continuously until a cancellation form is filled out and submitted. I understand that this membership will automatically renew for all subsequent years. I also understand that management reserves the right to increase the fees for subsequent membership terms by notifying me in writing 30 days prior to the start of the new membership term at my last known address. I further understand that the initiation fee is a non-transferable, non-refundable fee.

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Cancellation Policy

Memberships may be cancelled by completing a Cancellation Form available at Stonebridge Golf Club and will be honored under the following terms: The membership is for a one-year mandatory period and automatically renews for another one-year period unless a Cancellation Form is completed and received. If a member chooses to cancel their contract before the end of the one-year membership period they will be subject to pay a early cancellation fee equal to 3 months of your annual dues. Your membership contract will remain valid until a Cancellation Form is completed.

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If I wish to terminate my membership, I must complete the Cancellation Form and mail to:

1500 Stonebridge Dr, Gretna, La 70056 or fax to (504) 394-1340 or Email: norma@golfstonebridge.com

Waiver Release

I am aware of the risks of illness or injury inherent in any golf or exercise activity. These injury risks include, but are not limited to: being hit by golf balls, golf clubs, golf carts, or lightning; stepping or tripping in holes or other natural indentations in the ground; injury from insects, animals, birds or snakes, drowning; pulled muscles or other sprains, strains or injuries. I am participating in the Club's programs upon the express understanding that I hereby indemnify, waive and release the Club, its employees, agents, officers, Directors, Successors, and Assigns from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs (hereafter referred to as the "Claims") arising out of my participation and the participation of my family and guests in the program(s) or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Club from and against any and all such Claims defend, indemnify and hold harmless.

Initial Here

Signature of Applicant _____

Printed Name _____

Date of Signature _____

Family Membership Application

A maximum of 4 people can be part of a family membership any additional persons will be \$40 per added person."Family" for the purpose of this golf membership is defined as a married couple and their unmarried children under the age of 21 (or college students through the age of 25) who reside at the same address. We will need to make a copy of each persons ID in order to confirm same residence.

Family Member #1

Full Name :

Date Of Birth : Gender : Male Female
D D M M Y Y Y Y

Phone Number : Email :

Relationship :

Family Member #2

Full Name :

Date Of Birth : Gender : Male Female
D D M M Y Y Y Y

Phone Number : Email :

Relationship :

Family Member #3

Full Name :

Date Of Birth : Gender : Male Female
D D M M Y Y Y Y

Phone Number : Email :

Relationship :