



**Membership Application
For the Associate Club Benefit offered through
Amarillo Club**

____ Signature Gold Unlimited

____ Mr. ____ Mrs. ____ Ms. ____ Miss ____ Dr.

Member Name (Designee, if Corporate): _____

Spouse Name: _____

Primary Street Address: _____

City, State, Zip Code: _____

Second Home Address _____

City, State, Zip Code _____

Date of Birth: _____

Company Name (if Corporate Membership): _____

Company Address: _____

Home Phone: _____ Business Phone: _____

Second Home Phone _____

Home Club: _____ Member Number: _____

I, as Applicant or corporate Designee (if applicable), have enrolled in the Associate Club program offered through Amarillo Club. By upgrading to this benefit, I understand that my Associate Club privileges are subject to the Associate Club benefit terms and conditions, which are available through the Membership office. I agree that the administrator of the Gold benefit, Associate Clubs International, Inc. (ACI) may add or subtract Participating Clubs or Participating Facilities without prior notice. By signing below, I acknowledge all charges for services are required to be paid at time of service by major credit card or other form of payment acceptable to the facility participating in the program. Should I fail to do so, I agree that ACI or Amarillo Club may terminate my participation in the Associate Club benefit immediately. I understand if the credit card company rejects any charges, I may be subject to reasonable collection fees and late charges as allowed by law. I agree to conform to and be bound by the Bylaws and Rules and Regulations of all Participating Clubs and Participating Facilities as they may be amended from time to time. I authorize ACI to check my credit history and to obtain such information as ACI deems necessary. The above authorizations shall remain in effect for so long as I am participating in the Associate Club benefit.

Authorized Signature _____ Date _____