

Kalispel Golf and Country Club

MEMBERSHIP APPLICATION

2010 West Waikiki Road Spokane, Washington 99218, Phone: 509.466.2121

Date of Application: _____

Applicant Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Email: _____ Phone: _____

Spouse Email: _____ Phone: _____

Child/Children (Dependent children 20 years of age and under):

- Child: _____ DOB: _____ Child: _____ DOB: _____
- Child: _____ DOB: _____ Child: _____ DOB: _____

Membership Type:

(Please check one box)

- Individual Golf Family Golf Young Executive Golf Young Executive Family Golf
 Corporate Golf Non-Resident Social

Complete if Corporate Golf Membership

Corporate Name: _____ Phone: _____

Corporate Address: _____ Attn To/Dept: _____

City: _____ State: _____ Zip: _____

Corporate Office Address: _____ State of Incorporation: _____

President: _____ Phone: _____

Vice President: _____ Phone: _____

Sec/Treasurer: _____ Phone: _____

Additional Corporate Membership Participants (each must complete application)

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

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Preferred Method of Payment

Credit Card

• Card Type: _____ Card No: _____ Exp: _____ Sec Code: _____

Bank Account Debit

• ABA Routing #: _____ Account #: _____

The above information is submitted by the Applicant for the purpose of obtaining Kalispel Golf and Country Club (the "Club") membership.

Membership does not provide any ownership control over the Club in any way. No additional rights, privileges, nor benefits should be inferred or expected except for those expressly stated herein.

I understand that the Club is a wholly owned enterprise of the Kalispel Tribe of Indians (the Tribe), a federally recognized Indian tribe, and that no waiver of the sovereign immunity of the Tribe or any of its enterprises is granted herein.

By signing below:

1. I authorize the Kalispel Tribe of Indians, its agent or staff to carry out credit checks with any registered credit bureau and also to list me with any credit bureau in the event of my defaulting in payment in terms of this Agreement.

2. I acknowledge I have read and understood this entire form, the Membership Agreement, Rules of the Club, the Code of Conduct and Complaint Procedures. I agree to all the terms and conditions of the Membership Agreement and to observe and be bound by the Rules of the Club, the Code of Conduct and Complaint Procedures in the present form or as may be amended.

3. SORNA Acknowledgment. Member acknowledges the Club, as an entity of the Tribe, is a Sex Offender Registration Notification Act (SORNA) jurisdiction.

The Tribe reserves the right to refuse service to anyone and the submission of an Application does not guarantee Membership.

Signature: _____

Date: _____