



# Resident Advantage Enrollment Form

Affords Residents inside the Tribute Community access to all Clubhouse dining (with the exception of the Member-only dining room) and access to all Club Social events. In addition it allows you to receive a 10% savings off all food & non-alcoholic beverages as well as have a personal charge account to place all Club usage and Event charges on. A valid credit card is required for enrollment. There is NO initial fee or monthly dues currently required for this program. *(alcoholic beverages, happy hour, special events and private events not included in 10% savings.)* Additionally, RA account holders do not have access to any of the Member-Only areas inside the Club, as those are reserved strictly for golf members only.

## RESIDENT GENERAL INFORMATION

Access Holder Official Name \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Single  Married

Spouse/Spousal Equivalent/Significant Other (living inside the household) \_\_\_\_\_  
*(Additional affidavit may be required if couple is not legally married. Access Holder (& Spouse if completed) will have equal account & statement privileges).*

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**DEPENDENTS are considered unmarried children 23 or younger residing with Access Holder. All dependents fall off the family membership on their 24th birthday without exception.**

Name(s)	Date of Birth	<input type="radio"/> Son	<input type="radio"/> Daughter
_____	_____	<input type="radio"/> Son	<input type="radio"/> Daughter
_____	_____	<input type="radio"/> Son	<input type="radio"/> Daughter

**ARE THESE DEPENDENTS ALLOWED CHARGING PRIVILEGES**  Yes  No

*By completing this enrollment, I am agreeing to the auto-pay requirements below and the rules & regulations of the Club. I authorize Golf Clubs at The Tribute to charge my credit card on file for any usage charges I authorize. I understand that I am responsible for all my monthly charges as well as charges that any of my family members, or guests charge to my account. The Club bills on the 5th of each month for any usage charges for the previous month. I may be charged a late fee/interest on any outstanding balance not paid when due, and my charging privileges may be revoked at anytime. Credit card must remain current on file to continue charging privileges. If you need to change or update your credit card, please contact accounting.*

Actual Name on Card \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE COMPLETE FORM AND EMAIL TO: KMARTIN@GOLFCLUBSATTHETRIBUTE.COM. THE CLUB WILL EMAIL YOU A RESIDENT ADVANTAGE ACCESS NUMBER AND OTHER IMPORTANT INFORMATION SO THAT YOU WILL BE ABLE TO ACCESS THE ONLINE PORTAL, SEE YOUR STATEMENT OF CHARGES EACH MONTH AND REGISTER FOR ALL CLUB EVENTS. Please allow up to 48 hours for processing.**