



Acct. # 6 \_\_\_\_

## Dining Membership Application

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **AZ** Zipcode: **852**\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Credit card # (mandatory): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- ◆ I understand this is a Non-Refundable Annual Membership renewable twelve [12] months from the 1<sup>st</sup> of the month listed below; for \$100. The Dining Membership allows me access to the Club's Food and Beverage area as prescribed by management and per hours of operation.
- ◆ Dining Members have charging privileges and statements will be sent monthly to the above address. Reservations for dining are recommended and can be made by calling 832-3257 ext. 108
- ◆ I understand that I'm responsible for my guest's charges and no separate checks will be issued.
- ◆ I understand the special event requirement of a forty-eight (48) hour cancellation notice to prevent being charged.
- ◆ I understand should my account become 30 days past due, I will be subject to a 1.5% delinquent charge. I understand should my account become more than 30 days past due, AMCC, Inc. will charge my credit card above the amount owed.
- ◆ I hereby agree to conform to and abide by the AMCC, Inc. Bylaws and Rules and Regulations as they may be amended from time to time.

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Member Signature

Date