

Dining Application

Name: _____ Acct. # _____

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 1st 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 are recommended and can be made by calling 832-3257 ext. 108
- I understand that I am responsible for my guest's charges and no separate checks will be issued.
- I understand there is a special event cancellation requirement of forty-eight (48) hours 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.

Applicant's Signature

Date