



RETURN TO:
385 ORONOQUE LANE STRATFORD, CT 06614

OR EMAIL TO:
MEMBERSHIP@BLACKHAWKCT.COM



2024 MEMBERSHIP APPLICATION

HOW DID YOU HEAR ABOUT US?

Renewing Member

Member Referral

Google

Instagram

Other: _____

Word-of-Mouth

Facebook

Newspaper

MEMBER SPONSOR (Optional)

Member Sponsor: _____ Club: _____

CANDIDATE INFORMATION

Primary Candidate: _____ Date of Birth: _____

Preferred Name: _____ Jr. Sr. Other: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: Single / Married / Domestic Partner

Social Security (last 4 digits): _____ Drivers License #: _____

Employer: _____ Type of Business: _____

Title: _____ Length of Employment: _____ (years)

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SPOUSE INFORMATION (Only Required For Family Membership)

Spouse/Significant Other: _____
 Preferred Name: _____ Jr. Sr. Other: _____ Date of Birth: _____
 Phone: _____ Email: _____
 Social Security (last 4 digits): _____ Drivers License #: _____
 Employer: _____ Type of Business: _____
 Title: _____ Length of Employment: _____ (years)
 Business Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

DEPENDENT INFORMATION (Optional)

[A Dependent is an unmarried child under 21 residing with the Candidate]

Name(s)	Date of Birth		Charge Privileges?
_____	_____	Son / Daughter	Yes / No
_____	_____	Son / Daughter	Yes / No
_____	_____	Son / Daughter	Yes / No
_____	_____	Son / Daughter	Yes / No

MEMBERSHIP INFORMATION (CHECK ALL THAT APPLY)

MEMBERSHIP LEVEL	SINGLE	FAMILY
FULL		
RISING (39 & UNDER)		
WEEKDAY		
STUDENT (UNDER 21)		---

[We understand no portion of the membership dues or fees are refundable and that this is a nontransferable membership.]

A Valid Drivers License On File Will Be Required of All Members.

Please submit a photo of your Drivers License with the completed Membership Application.

MEMBERSHIP POLICIES

If accepted into membership, I/We agree to conform to and be bound by the enrollment terms contained herein, the Bylaws, the Rules and Regulations, and written membership policies of the Club ("Membership Documents") as they may be amended at management's discretion and from time to time. I/We further understand that agreeing to be bound by the Membership Documents is a part of my/our agreement for membership privileges with the Club. I/We specifically understand this membership is not divisible.

I/WE ACKNOWLEDGE THE MEMBERSHIP BYLAWS AND THE RULES AND REGULATIONS PROVIDE THE DETAILS OF THE CLUB'S MEMBERSHIP POLICIES, CONDUCT AND OBLIGATIONS, INCLUDING, BUT NOT LIMITED TO, PROVISIONS IN THE EVENT OF DIVORCE, FOR ARBITRATION OF DISPUTES, RESIGNATION, REDEMPTION OF MEMBERSHIPS, FINANCIAL OBLIGATIONS, DISCIPLINARY ACTION, RELEASE OF LIABILITY FOR PERSONAL INJURY AND THEFT. I/WE HEREBY FULLY RELEASE AND DISCHARGE THE CLUB, IT'S EMPLOYEES, AGENTS, SHAREHOLDERS, MEMBERS, MANAGERS, AFFILIATES AND ASSIGNS FROM ANY LIABILITY, INJURY, LOSS, DAMAGE OR CLAIM ARISING FROM MY/OUR USE OF THE CLUB FACILITIES.

By providing the address(es) (including e-mail) and phone number(s) above, I/We hereby give the Club my/our express written permission to contact me/us at each number or address. I/We acknowledge that the Club values my/our right to privacy, I/We understand that I/We can revoke this consent at any time by contacting the Club in writing. I/We agree the terms and conditions of my/our membership may not be added to, amended, or contraindicated in any way by evidence of prior, contemporaneous, or subsequent oral agreements of any kind and acknowledge there are no unwritten oral agreements of any kind.

By signing below, WE hereby certify that we hold a marriage license, or a certificate of domestic partnership or civil union, which evidences our existing spousal relationship. If we do not hold one of the above, we acknowledge that the Club requires execution of a separate Spousal Relationship Statement.

I/We authorize Club to check my/our credit and employment history and to obtain such information as Club deems necessary to accept my/our application and to extend credit to me/us under my/our membership account at the Club.

Resignation:

I/We understand that I/We are obligated to Blackhawk Country Club (or any future name thereafter) for a minimum of 12 months from the start date of enrollment to the Club. At that time, I understand and agree, that I may resign my membership at any time by providing a 30-day written notification sent via certified mail, or e-mail to the Club Manager or Membership Director is required for resignation from the Club, and I/We further agree that all charges, dues, and/or fees incurred during the 30-day period for valid debts. Any unpaid Dues, Fees, or valid debts will be due upon resignation. I/We understand there will be no refunds of monies paid to the Club for Membership Dues, services, or other. I/We understand that any initiation fee paid is valid only for continuous membership (with an exception for approved medical leave) and forfeited upon resignation. I/We understand that there may be a two-year waiting period to return to the Club with payment of any applicable initiation fee.

Primary Candidate: _____ Date: _____

Spousal Candidate: _____ Date: _____

All Applications and Membership Candidates Are Subject To Management Approval