

# TRIANGLE

My Club. MY COMMUNITY. My World.

## Application and Agreement for My Triangle Community through The State Club

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_ Member Number: \_\_\_\_\_

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

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

Email Address(es): \_\_\_\_\_

Dependent: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Dependent: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Primary Address Information:

Home Street Address (No P.O Box): \_\_\_\_\_

City, State, Country, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Second Home Street Address (if applicable): \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

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

Business Phone Number: \_\_\_\_\_

I, as Applicant, have enrolled in My Triangle Community Associate Club program offered through The State Club. By upgrading to this benefit, I understand that my privileges are subject to the benefit terms and conditions, which are available at [www.ClubCorpNetwork.com](http://www.ClubCorpNetwork.com) are incorporated herein by reference, and may be amended from time to time without prior notice. I agree that the administrator of the My Triangle Community program, Associate Clubs International (ACI), may add or subtract Participating Clubs or Participating Facilities without prior notice. By signing below, I acknowledge that all charges for services that are required to be paid at time of service must be paid by major credit card or other form of payment acceptable to the Participating Club or Participating Facility. Should I fail to do so, I agree that ACI or The State Club may terminate my participation in the My Triangle Community Associate Club program immediately. I understand if the credit card company rejects any charges, I may be subject to reasonable collection fees and late charges as allowed by law. I agree to conform to and be bound by the Membership Bylaws and Rules and Regulations of all Participating Clubs and Participating Facilities as they may be amended from time to time. The above authorizations shall remain in effect for so long as I am participating in the My Triangle Community program.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_