

1919  2019
MIAMI VALLEY
HUNT & POLO CLUB

C E N T E N N I A L

MEMBER APPLICATION

APPLICATION FORM FOR THE MIAMI VALLEY HUNT & POLO CLUB

2465 Keystone Club Drive, Dayton, OH 45439 | Tel (937) 949-9443 | www.mvhpc.com

MEMBERSHIP RATES

Membership and registration fees to be paid by check.

Checks should be made payable to the Miami Valley Hunt & Polo Club.

<p><u>MEMBERSHIP</u> Monthly Dues \$99 Paid annual amount in full \$1,128 (5% savings) Registration fee \$99</p>	<p><u>SENIOR MEMBERSHIP</u> Monthly Dues \$60 (Primary applicant over 60yrs of age) Paid annual amount in full \$684 (5% savings) Registration Fee \$99</p>
<p><u>Summer Tennis or Winter Paddle Tennis Membership Only</u> Monthly Dues \$50 (per person) Limited Membership Registration Fee \$50</p>	<p><u>GIVING BACK TO THE COMMUNITY</u> Monthly Dues \$75 SCHOOL TEACHERS, MILITARY, POLICE, FIREFIGHTERS & EMERGENCY RESPONDERS Registration Fee \$99</p>

Membership dues are subject 7.5% State of Ohio sales tax. Members will be invoiced taxes due upon receipt of application and registration fee or with monthly dues invoice dependent upon type of payment selected for. Credit Card payments will incur additional fees.

- Limited Membership – Excludes the full rights to reserving the clubhouse for personal private events. The clubhouse for limited members will be available at a 20% discount.
- Limited Members will be invited to all club events at the same rate as a full-time annual member
- Senior membership is only for individuals that do not have dependent children in their home or included on the membership.

INITIAL PAYMENT

Please submit registration fee and payment to the Miami Valley Hunt & Polo Club & mail check and application to:

Miami Valley Hunt & Polo Club
2465 Keystone Club Drive
Dayton, OH 45439

REGISTRATION FORM (Please remit with initial payment)

SELECT MEMBERSHIP CATEGORY: *(Please check membership type & enter in the table below)*

FAMILY JR FAMILY COUPLES & SINGLES SENIORS GIVING BACK PADDLE TENNIS SUMMER TENNIS

Membership Category	Membership Amount	Registration Fee	Total Amount
	\$	+	\$

Paid in Full with 5% savings Please invoice me monthly Membership Application Date ____/____/____
(annual programs only)

FAMILY MEMBERS:

NAME OF PRIMARY APPLICANT: _____ DATE OF BIRTH: ____/____/____

SPOUSE/PARTNER NAME: _____ DATE OF BIRTH: ____/____/____

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____ MALE FEMALE

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____ MALE FEMALE

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CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____ MALE FEMALE

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____ MALE FEMALE

BILLING ADDRESS:

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ HOME EMAIL: _____

Applicant's CELL PHONE: _____ Alternate CELL: _____

EMERGENCY CONTACTS NOT LIVING AT HOME:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

SIGNATURE: _____ DATE: ____/____/____

Authorized Signature Executing Agreement

I hereby apply for membership to the Miami Valley Hunt & Polo Club. I agree to be bound by the rules of the Club. This application is a one (1) year or applicable seasonal membership commitment and I will be legally responsible for all dues and fees incurred during my membership period.

Membership Categories:

Family - Includes spouse and children **up to 24 years of age**.

Senior - Over 60 years of age.

Giving Back to the Community - School Teachers, Military, Police, Firefighters & Emergency Responders.

Winter Paddle Tennis Only - December to March with Limited Membership.*

Summer Tennis Only - May to September with Limited Membership.*

** Limited Membership excludes the full rights to the clubhouse for personal private events. The clubhouse for limited members will be available at a 20% discount. Limited Members will be invited to all club events at the same rate as a full-time annual member. Senior membership is only for individuals that do not have dependent children in their home or included on the membership.*

If you have questions concerning membership options please email: **MVHPC1919@gmail.com** for assistance.

CLUB DIRECTORY INFORMATION

Please fill out any information that you would like included in the directory. Inclusion in the directory is not required.

NAME: _____ CELL PHONE: _____

SPOUSE/PARTNER NAME: _____ CELL PHONE: _____

CHILD'S NAME (Age) : _____ (____) CHILD'S NAME (Age) : _____ (____)

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CHILD'S NAME (Age) : _____ (____) CHILD'S NAME (Age) : _____ (____)

CHILD'S NAME (Age) : _____ (____) CHILD'S NAME (Age) : _____ (____)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ HOME EMAIL: _____

Alternate EMAIL: _____ Alternate EMAIL: _____

If you would like to have a photo included with your directory listing please email it to **MVHPCEvents@gmail.com**.

The directory is not to be used for business purposes or solicitation, only as contact information to be used between members.