



SOLAGE
CALISTOGA

Club Solage

Application for Membership



I. PERSONAL INFORMATION

Applicant's name (*Last, First, MI*): _____

Birthdate: _____ Marital status: _____ Anniversary date: _____
(if applicable)

Co-Applicant's name (*Last, First, MI*): _____

Birthdate: _____ Relationship to applicant: _____
(spouse, significant other, domestic partner)

Primary address: _____

Home phone: _____ Applicant's cell phone: _____

Co-Applicant's cell phone: _____

Applicant's email address: _____

Co-Applicant's email address: _____

Unmarried children living at home (*under the age of 21*): _____

Name(s): _____ Birthdate(s): _____

Automobiles

Make: _____ Model: _____

Color: _____ License plate number: _____

Make: _____ Model: _____

Color: _____ License plate number: _____

Business/Profession

Applicant's company name: _____ Title: _____

Business address: _____

Phone: _____ Fax: _____

Email address: _____ Website: _____

Years with present employer: _____

Co-Applicant's company name: _____ Title: _____

Business address: _____

Phone: _____ Fax: _____

Email address: _____ Website: _____

Years with present employer: _____

II. MEMBERSHIP INFORMATION

I hereby apply for (*circle one*) Permanent Annual/Non-Resident Membership at Club Solage (*the "Club"*)
in the following category:

- Single Couple Family
-

Membership in other clubs/organizations

Name of club or organization: _____ Years of membership: _____

Address: _____

Club contact: _____ Phone: _____

Email address: _____ Present/former member: _____

Name of club or organization: _____ Years of membership: _____

Address: _____

Club contact: _____ Phone: _____

Email address: _____ Present/former member: _____

Name of club or organization: _____ Years of membership: _____

Address: _____

Club contact: _____ Phone: _____

Email address: _____ Present/former member: _____

Club Solage member sponsor

Name: _____

Phone: _____ Email: _____

Other Club Solage members whom I (we) know

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

III. APPLICATION AUTHORIZATION

The undersigned hereby applies for membership in the category selected above at Club Solage, Solage Calistoga (*the "Club"*), and agrees to pay The Club the following:

Permanent Membership: the non-refundable initiation fee of \$ _____, the required monthly dues and quarterly "R&R" minimum as described separately on the Schedule of Fees, Dues and Charges.

Annual/Non-Resident: the non-refundable annual fee of \$ _____ and the required quarterly "R&R" minimum as described separately on the Schedule of Fees, Dues and Charges.

The initiation fee will be paid by

- Check: _____ Check number: _____
Amount: _____ Name as it appears on check: _____

- Credit card: _____ Credit card number: _____
Expiration date: _____ Name as it appears on the card: _____

Cardholder signature: _____ Date: _____

Club Solage is a private Club. Membership is contingent upon approval by the Club, which approval shall be at its discretion.

If this application is accepted, I (we) promise to pay all charges incurred by use of the account, in accordance with the terms and conditions accompanying the account. If the account is a joint account, both applicants assume joint responsibility for all amounts charged by use of the account. Accounts are payable upon receipt of the monthly statement and not later than the 15th day of the month received. I (we) agree to pay a late charge of four percent (4%) of the amount due on all amounts not paid by the last day of the month in which the monthly statement is received. I (we) further agree that all amounts not paid by the last day of the month in which the monthly statement is received shall thereafter accrue interest at the rate of ten percent (10%) per annum until paid.

Please sign below if you would like your monthly dues and charges to be automatically deducted from a credit card (identify CC account below):

Cardholder signature: _____ Date: _____
Credit card: _____ Credit card number: _____
Expiration date: _____ Name as it appears on the card: _____

Upon signing this Application, I authorize the disclosure and release of information to the Club for investigation of my qualifications for Membership. I further authorize any person or entity to furnish the Club information requested by the Club and agree to hold the Club harmless for any and all such acts.

I hereby acknowledge that the use of the Club facilities and any privilege or service to Membership is undertaken with knowledge of risk and possible injury. I hereby accept any and all risk of injury to myself, my guests and family sustained while using the Club Facilities or involved in any event or activity incident to Membership in Club Solage. In accepting the risk of injury, I understand that I am relieving Club Solage, Solage Calistoga, its owners and managers, including Auberge Resorts LLC, Solage Hotels and Resorts LLC and Palisades-Calistoga Resort, L.P., their successors and assigns, and their respective directors, officers, partners, investors, employees, agents and affiliates from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or event connected with Membership at Club Solage and use of any of the Club Facilities.

I hereby acknowledge receipt of Club Solage Bylaws, Rules and Regulations, and I have read, understand and agree to be bound by terms and conditions thereof as the same may be amended from time to time by the Club.

Applicant's signature: _____ Date: _____

Co-Applicant's signature: _____ Date: _____

Approved and Accepted by
Club Solage, Solage Calistoga

Director of Membership signature: _____ Date: _____