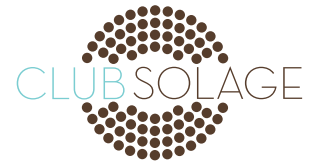


# Club Solage

## Application for Membership

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### 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Automobiles

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License plate number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License plate number: \_\_\_\_\_

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### 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  Annual/Local  
in the following category:  
 Single  Couple  Family

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**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: \_\_\_\_\_

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**Club Solage member sponsor**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Club Solage members whom I (we) know**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**III. APPLICATION AUTHORIZATION**

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

Permanent Membership: the non-refundable initiation fee of \$ \_\_\_\_\_ and the required monthly dues.

Annual/Non-Resident: the non-refundable annual fee of \$ \_\_\_\_\_ .

Annual/Local: the non-refundable annual fee of \$ \_\_\_\_\_ and the required monthly dues.

**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, 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**

Director of Membership signature: \_\_\_\_\_ Date: \_\_\_\_\_