



An Exclusive Recreational Membership

LOCATION: 20 Elm Street (Route 62) North Reading, MA 01864
GENERAL OFFICES: Mail all correspondence to 149 S. Main Street Middleton, MA 01949
978-646-1111 Option 2, Ext.26

MEMBERSHIP APPLICATION

Personal Information

Name: (Please Print) _____ (CIRCLE) Mr. MRS. MS. Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell# _____ Emergency: _____

Company: _____ Title: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Years with Present Employer: _____

Email: _____ Fax Number: _____

Marital Status:(Circle) **Single Married** Date of Birth: _____

Spouse/Member Designee Information

Name (Please print) _____ (Circle) Mr. Mrs. Ms. Other _____

Company: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ Years in Present Employment _____

Date of Birth: _____ Email _____

Resort Use Only: Member# _____

Membership (Circle) Individual or Family

CHILDREN (MUST BE UNDER AGE 21)

Name	Date of Birth	Gender
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
Nanny/Other permissible: _____		

Personal References

Name	Relationship	Years Known	Phone	Resorts-North Member?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Other Clubs/Resorts/Memberships

Organization	Contact	Years	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Terms of Membership

Membership Application

I am applying to Resorts North, LLC (the "Owner") for a membership at Resorts North (the "Resort") in the membership class and category checked below.

Refundable Registration Fee: \$ **500.00**

Total \$ _____

Membership Fee: \$ _____

Category of Membership (check one) Individual Membership Family Membership

Payment of Registration Fee (please initial each)

_____ I understand that if my application is denied for any reason I will be fully refunded for my Registration Fee.

Payment of Membership Fee

_____ I understand that my membership application fee is due at the time this membership application is submitted.

Credit Card

I certify that the below listed card is issued to me and all disputes on my account will be directed to the Owner. Credit Card will be held on file by Resort during the term of Membership.

Credit Card # _____ CC Type: _____ Expiration Date: _____

Card Holder Name _____ CC Security Code _____

(4 Digits on front of AX last 3 back of MC, VA or Discover)

Additional Cardholder: _____ Relationship _____

I authorize Resorts North LLC to charge my credit card account listed above for all charges associated with the use of my membership account for the amounts I owe. I understand that this authorization is for the established registration fee, membership fee, and any and all charges associated with the use of my membership account. I agree to notify Resorts North of any changes to my credit card account information. I also agree that electronically transmitted (e.g. faxed, emailed copies of this agreement shall be deemed to be the original .

I ("Cardholder") hereby knowingly authorize Resorts North LLC to charge all charges associated with the use of my membership account to my credit card, on or about the day charges are incurred. The credit card account information provided herein shall be used only for the intended purpose as authorized.

Cardholder shall indemnify and hold Resorts North LLC harmless from all loss, damages, expense or liability in connection with such authorized use of the above said credit card. Any use by Resorts North is limited to sales and/or services provided to the cardholder or on account of the Cardholder. All

VERIFICATION

Upon signing this membership application, I hereby authorize the disclosure and release of information to the Owner for investigating my qualifications for membership and authorize those persons or entities named by me herein to furnish information to the Owner, including providing a credit report to the Owner.

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISKS INDEMNITY

I hereby acknowledge that my use of the Resort Facilities and any privilege or service incident to membership is hereby undertaken with full and complete knowledge and awareness that said use may involve risk of physical injury. The undersigned does hereby execute this Release, Waiver of Liability, Assumption of Risks and Indemnity/Hold Harmless Agreement the ("Agreement") for himself/herself/their self and his/her/their heirs and any of their Minors, guests and invites and acknowledges the inherent risks involved in the use of the Resort Facilities and any privilege or service incident thereto, including but not limited the use of the swimming pools, which risks include, but are not limited to bodily injury, sickness, disease or death from using the Swimming Pool and the Resort Facilities. I also acknowledge and understand that use of the Swimming Pool is potentially dangerous and that the type of injury or damage described above can occur when using the swimming pool. The undersigned acknowledges and agrees that they shall be responsible for their guests, licensees and invitees who come onto the Resort Facilities and use the Resort Facilities. In consideration of receiving permission to use the facilities. I expressly assume any and all risk of injury to myself, my guests and my family sustained while using the Resort facilities or participating in any event or activity incident to membership of the resort. I agree to pay the costs incurred to defend, indemnify, harmless release the Resort facilities, the Owner, the Resort, their affiliated companies, their respective agents, management companies, officers, directors, owners, contractors and employees (collectively) the ("Released Parties) from and against any and all claims of every kind or nature, whether in tort, contract, equity or otherwise, which I, my family, guests and invitees, may now have or might have in the future arising out of or connected in any way to the use of the Resort Facilities, including but in no way limited to the swimming pools, including subrogation and/or derivative claims brought by any third party or insurer.

This membership application shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts without regard to principles of conflicts of laws.

Applicant Initial_____

Membership Approval Signature Page

Applicant Name (Print) _____ Date _____

Signature _____ Date _____

Spouse Information

Spouse Name (Print) _____ Date _____

Signature _____ Date _____

Approved and Accepted for Resorts North Seasonal Membership

Approved by (print): _____ Title _____

Signature _____ Date _____

Please give 10 business days for processing for all applications

**ALL ORIGINAL APPLICATIONS MUST BE SUBMITTED VIA MAIL OR
DROPPED OFF AT OUR GENERAL OFFICES LOCATED AT
TERESA'S ITALIAN EATERY 149. S MAIN ST. MIDDLETON, MA 01949**

978-646-1111 OPT. 2, EXT. 26