

FIVE OAKS RECREATIONAL ASSOCIATION, Inc

SOCIAL MEMBERSHIP INFORMATION

INCLUDED ITEMS:

- **Social Membership Application & Contract**
 - **“Membership Special” Addendum**
- **Social Membership Access Card Agreement**
 - **Bank Draft Authorization Form**



Five Oaks Recreational Association, Inc

5109 Pine Cone Drive

Durham, NC 27707

Phone: (919) 493-1495

Fax: (919) 490-4449

Email: Office@FiveOaksClub.com

Web: www.FiveOaksClub.com



FIVE OAKS RECREATIONAL ASSOCIATION, Inc SOCIAL MEMBERSHIP APPLICATION & CONTRACT

Primary Applicant Name: _____ Date: _____
 (Last) (First) (M.I.)
 Date of Birth (DOB) _____ Marital Status _____
 (mm/dd/yyyy) (Single/Married)
 Spouse/Other Name: _____ DOB _____
 (Last) (First) (M.I.) (mm/dd/yyyy)
 Street Address: _____ City: _____ Zip: _____
 Primary Phone#: _____ Secondary Phone#: _____
 Primary Email: _____ Other Email: _____

Number of Children in the Household _____ (living at the address listed below)

- Childs Name _____ Age _____ DOB _____
- Childs Name _____ Age _____ DOB _____
- Childs Name _____ Age _____ DOB _____
- Childs Name _____ Age _____ DOB _____

TERMS & CONDITIONS OF SOCIAL MEMBERSHIP

- A.) The undersigned hereby applies for a Social Permit Membership in the Five Oaks Recreational Association, Inc (FORA), a non-profit corporation, and agrees on behalf of all Members subject to this contract that:
1. The "Social Membership" applied for herein shall be that as defined as a Social Permit Membership under Article X, Section 12, of the Five Oaks Declaration recorded in Book 432, Pages 306, et.seq., Durham County registry, a copy of which is available in the General Manager's office and available for review upon request.
 2. A Social Permit Membership under the Declaration does not entitle the undersigned to voting privileges at FORA.
 3. All Social Members and their guests will conform and be bound by the governing documents of FORA.
 4. Timely payment will be made for all Annual and Special Assessments as provided in the Declaration and Articles of Incorporation, together with such fees, and subject to such rules & regulations and cancellation terms as promulgated by the FORA Board of Directors from time to time.
 5. The Initiation Fee will be non-refundable if the applicants membership is voluntarily terminated or involuntarily terminated by FORA for cause pursuant to the association's governing documents.
 6. Terms of any "Membership Special" will be honored as indicated on any addendums to the Social Membership Application attached hereto.
 7. Social Membership will automatically renew annually on the month and day of initial application submission.
 8. The Five Oaks Recreational Association, Inc reserves the right to cancel this Social Membership for any reason with, or without cause by the majority vote of the Board of Directors.

B.) Furthermore, the undersigned acknowledges receipt and full review of the Health History Questionnaire & the Physical Activity Readiness Questionnaire and has attached a complete list of any limiting physical attributes, conditions or other potential health risks including (but not limited to) : heart conditions, chest pains, high blood pressure, high cholesterol, anemia, asthma, diabetes, hernia, surgeries, injuries and any other current or historical factors that may limit or affect the ability of ANY Social Permit Member who is part of this contract to fully partake in activities and programs at FORA including (but not limited to): Swimming, Tennis, Basketball, Volleyball, Running, Jumping, Stair-Climbing and Weight Training. (Please initial HERE _____, **ONLY** if related information and/or documents are attached) - **NOTE: If no documentation is attached, FORA assumes that all Members that are party to this contract have no limiting health conditions or health risks.**

C.) Furthermore, THE UNDERSIGNED, ON BEHALF OF HIMSELF OR HERSELF, THEIR SPOUSE, THIER CHILDREN, THIER ASSIGNS, REPRESENTATIVES AND THEIR HEIRS, DO HEREBY KNOWINGLY AND FREELY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT THEY MAY SUSTAIN OR INCUR, WHILE ATTENDING, PRACTICING, PARTICIPATING IN OR WITNESSING ANY ACTIVITY ON THE PROPERTY OF FIVE OAKS AND WAIVES ALL CLAIMS AND FULLY RELEASES AND HOLDS FIVE OAKS RECREATIONAL ASSOCIATION, INC, IT'S DIRECTORS, OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, VOLUNTEERS AND OTHER PARTICIPANTS HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES. (Please initial HERE _____)

I have read, fully understand and agree to the above statements (A,B&C). I understand that I have given up substantial rights by agreeing to the terms of this Social Permit Application & Contract, and I sign it freely and voluntarily without any inducement:

Signed _____ Date _____

Printed Name(s) _____



FIVE OAKS RECREATIONAL ASSOCIATION, Inc
SOCIAL MEMBERSHIP APPLICATION & CONTRACT
MEMBERSHIP SPECIAL ADDENDUM

Addendum to Social Membership Application & Contract

This document is an addendum to the Five Oaks Recreational Association, Inc (FORA) Social Permit Application & Contract dated _____ between FORA and the parties that are named below in this document.

I/We the undersigned have agreed to the Terms & Conditions of the Five Oaks Recreational Association, Inc Social Permit Membership Application & Contract. As part of the terms and conditions, I/we understand that I/we are required to pay a non-refundable initiation fee along with any annual assessments and special assessments that are levied upon the Membership during the course of the membership terms and subject to the stated terms and conditions therein.

I/We the undersigned wish to take advantage of the current Membership Special, by initialing next to the preferred offering, which will reduce the required initiation fee and obligate us to make payments as follows:

FORA MEMBERSHIP SPECIAL 1 - "ANNUAL PAYMENT" - Initial HERE _____

Terms & Conditions of "Annual Payment" Membership Special:

By selecting the "Annual Payment" Membership Special, I understand that I may have my required initiation fee reduced by \$450, with payment in full of the reduced initiation fee and one (1) year of membership assessments due immediately. I understand that after my one year membership term, my Membership will automatically renew unless I submit my intent to cancel membership in writing to the Five Oaks Recreational Association, Inc Office within thirty (30) days in advance of my next scheduled payment.

FORA MEMBERSHIP SPECIAL 2 - "TWO YEAR COMMITMENT" - Initial HERE _____

Terms & Conditions of "Two (2) Year Commitment" Membership Special:

By selecting the "Two Year Commitment" Membership Special, I understand that I may have my required initiation fee reduced by \$300, with payment in full of the reduced initiation fee due immediately and commitment of two year's worth of monthly payments that will be automatically drafted from my bank account MONTHLY through FORA's in-house Automatic Bank Draft Program. The undersigned hereby authorizes the draft of my bank account for the full two years of my Social Permit Membership and subject to the terms and conditions therein. By initialing and selecting this Membership Special, I fully understand my obligations to pay the Five Oaks Recreational Association, Inc and I understand that any default in monthly payment may result in the full amount owed coming due by acceleration and such full amount being subject to late fees and legal collections after thirty (30) days. I understand that after my two year membership term, my Membership will automatically renew unless I submit my intent to cancel membership in writing to the Five Oaks Recreational Association, Inc Office 30 Days in advance of my next scheduled payment draft. Membership may be cancelled at any time with written notice and payment in full of the remainder of the membership assessments due to the Five Oaks Recreational Association Office.

No other terms or conditions of the above mentioned contract shall be negated or changed as a result of this addendum.

I/We the undersigned fully understand the terms and conditions of the selected and initialed Membership Special above and agree to meet our financial obligations stated therein. I/We fully understand that any default in payment may result in legal collections and that any default or cancellation of Membership may limit or prohibit the ability to rejoin the Five Oaks Recreational Association Inc at a later time.

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____



FIVE OAKS RECREATIONAL ASSOCIATION, Inc
BANK DRAFT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize Five Oaks Recreational Association , hereinafter called "FORA" to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for the Five Oaks Recreational Association, Inc. I (we) understand that this debit will occur on or about the 1st of each month in which assessment payments are due.

Bank Name: _____

City: _____ State: _____ Zip: _____

CHECKING _____ SAVINGS _____ (Select One)

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect until FORA has received written notification from me (or either of us) of our termination of this agreement within thirty (30) days of my next scheduled payment.

My Local Address is: _____

Owner Name(s): _____
(Please print) (Please print)

Email Address: _____ Tel# _____
(Please print)

Signature(s): _____

***DATE OF FIRST AUTOMATIC WITHDRAWAL:** _____

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY
PLEASE RETURN COMPLETED FORM AND VOIDED CHECK TO:

Five Oaks Recreational Association, Inc
5109 Pine Cone Drive
Durham, NC 27707
FAX: (919) 490-4449

OFFICE Use Only: _____

Date entered: _____ By _____