



MEMBERSHIP APPLICATION

2023

UPDATED

February 24, 2023

MEMBERSHIP APPLICATION FOR THE MIAMI VALLEY HUNT & POLO CLUB

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

## MEMBERSHIP RATES

<p style="text-align: center;"><u>FAMILY MEMBERSHIP</u> <b>Monthly Dues \$120.00</b> <i>Yearly Dues \$1,368.00*</i> Includes membership for you, your spouse/partner, and your children (children under the age of 25). <b>Registration fee \$250.00</b></p>	<p style="text-align: center;"><u>SINGLES / COUPLES / SENIORS MEMBERSHIP</u> <b>Monthly Dues \$90.00</b> <i>Yearly Dues \$1026.00*</i> Includes membership for you or you and your child (child under age 25) or you and your spouse/partner. Max 2 people. <b>Registration fee \$250.00</b></p>
<p><b>Important:</b></p> <ul style="list-style-type: none"><li>• All memberships are for a full year, and you will be responsible for a full year's dues.</li><li>• You may choose to pay your dues monthly or annually.</li><li>• All dues are subject to sales tax of 7.5%.</li><li>• Upon the acceptance of your application, you will be invoiced for your registration fee and applicable dues if you did not remit payment when you submitted this application.</li><li>• You may pay the invoice by check or with credit card.</li><li>• If you choose to pay your dues in full and in advance for the full year, you will receive a 5% discount.</li></ul> <p>*The annual dues amount indicated above include the 5% discount.</p>	
<p><b>A Non-Resident (out of area) membership is also available. Please inquire as to residency restrictions and dues.</b></p>	

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

Applications may be returned to the Miami Valley Hunt & Polo Club by mail or email at:

[MvhpcTreasurer@gmail.com](mailto:MvhpcTreasurer@gmail.com)

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

# Application Form

## SELECT MEMBERSHIP CATEGORY:

Family Membership  Singles/Couples/Seniors Membership  Non-resident Membership

## HOW DO YOU WANT TO PAY?

Pay in full, in advance with 5% savings (not available for non-resident membership)  Pay monthly

## FAMILY INFORMATION:

Name of Primary Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

## ADDRESS:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

## EMERGENCY CONTACTS NOT LIVING AT HOME:

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

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

### Club Directory:

Do you authorize MVHPC to publish your Family Information, Address, Phone Numbers and Email Addresses in the club directory? Yes No

(Note: MVHPC will not publish dates of birth, but will publish ages of children. The directory is not to be used for business purposes or solicitation)

### CRIMINAL HISTORY:

Have you or any person listed on this application been charged with or convicted of any sex crime, or any crime involving a child victim? Yes No

### ADDITIONAL TERMS:

**By signing/initialing below, you agree** to abide by all the MVHPC's rules, regulations, and bylaws as they may be amended and published from time to time, and the terms and conditions below:

- You represent and warrant to MVHPC that all information provided by you in this application is true and accurate.
- You represent and warrant to MVHPC that you qualify for the membership type you have applied for.
- You agree to update MVHPC if any information provided by you becomes inaccurate in any way.
- You agree to pay your annualized dues as based on the Monthly Dues rate listed under "Membership Rates" for the applicable membership category. You also agree to pay the one-time registration fee. However, if your application is rejected for any reason, you shall not be required to pay any amounts.

Please initial next to the two sentences below and then sign and date on the signature line.

\_\_\_\_\_ **You acknowledge and agree that even if you pay your dues on a monthly basis, the term of this agreement begins on your application date and continues for one year.**

\_\_\_\_\_ **This agreement will renew for successive one-year terms automatically unless you notify MVHPC in writing of your intent not to renew 30 days prior to the expiration of the then current term.**

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_