

2025 RIDGE MEMBERSHIP APPLICATION

Please Circle One

PLATINUM

GOLD

SILVER

PDP

Please Print Legibly

Name (Please Print): _____

Email Address: _____

Phone Number: _____

Payment: ☐ Annually ☐ Monthly

Signature: _____ Date: _____

Membership Applied for: ☐ Individual ☐ Couple

**All applicants attempting to qualify as a "Couple" must have the same primary residence. Proof of residency may be requested.*

FOR MONTHLY PAYMENTS ONLY:

Credit Card (Check One):

☐ VISA ☐ MASTERCARD ☐ AMEX

Credit Card Number: _____

CVV: _____ Expiration Date: _____

Billing Address: _____

City: _____ Zip Code: _____

To Be Completed by Ridge Staff

Membership Effective Period:

From: _____ To: _____

Processed By: _____ Date: _____

Ridge Staff ~ Attach Merchant Copy of Receipt to Top Right-Hand Corner of Form.