



GROUP MEMBERSHIP APPLICATION

All Sections Must Be Completed - Please Type or Print
One time Initiation Fee is \$4000 plus First Year Annual Membership Dues of \$6000

Group Membership includes four named individual members*. Individual Group Members will receive access for his/her immediate family to the Tavern Restaurant, swimming pool and skeet range and will receive other discounts available to individual Club members including VIP parking for all professional and amateur public events and discounts at the Lodge and Paddock Suites. Individual Group Members also receive driving privileges at Club Member pricing.

You have the ability to rent tents for our premier spectator events. Group Members are responsible for guest charges and must be present when guests are at VIR. The Primary Group Member is responsible for paying all group membership fees, annual dues and other group charges.

***Each Individually Named Group Member must complete a separate VIR Club Membership Application.**

Group/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone Number: _____

E-Mail Address: _____ Fax Number: _____

Primary Member #1: _____

Named Member #2: _____

Named Member #3: _____

Named Member #4: _____

Payment of **\$10,000**: Check Enclosed Made Payable to "VIR Club"
 I will Fax a Credit Card Authorization Form to 434-822-8033

My submission of this application and accompanying application fee creates no legally binding relationship until I and our additional group members sign the VIR Club Membership Application. I also understand that as the primary member, I am responsible for the Group and any/all charges made by members of my group. VIR Club may refuse membership to any person for any reason at their sole discretion. I have signed below to indicate I have read the foregoing and the VIR Club Bylaws and agree with the above terms and bylaws on behalf of the group or company I represent.

Primary Member's Signature

Date

VIR CLUB USE ONLY

Received By: _____

Group Membership Number: _____ Date Paid: _____