



vacation club

APPLICATION FOR TRANSFER OF MEMBERSHIP FOR THE GEORGIAN BAY HOTEL AND CONFERENCE CENTRE INC. OF RHG VACATION CLUB FORM 4-Weeks Members

This portion to be completed by the New Members

Name (1) _____

Name (2) _____

Address _____

City _____ Prov/State _____

Postal Code _____ Telephone _____

E-Mail _____

- 1. I/we acknowledge that we have received all the Membership documentation associated with this Membership and agree to abide by the rules and regulations of the Club.
2. I/we acknowledge no membership will be transfer into a company name and/or the company employee name. It must be an individual who MUST provide one piece of government photo identification with current address and phone number (which matches application. The information will be verified by the resort with the new member). Proof of residency (ex. Utility Bill) must also be provided for transfer to be completed
3. I/we acknowledge that I/We are at least 25 years of age. I/We agree to have provided government photo Identification proving my age, address and signature.
4. I/we agree to assume responsibility for all fees associated with this Membership.
5. I/we understand that we can enroll in RCI, an independent exchange organization. We can request an application for RCI Weeks Membership from the resort once the transfer is completed. Any fees required from RCI I/We are responsible for.
6. I/we agree to pay a fee of \$990.00 Cdn plus HST (13% sales tax) to transfer this membership and enclose a cheque or Money Order in that amount payable to the RHG Vacation Club.
7. I/we will receive new Membership Privilege cards along with the Club's acknowledgement of our Membership within 45 business days of the Club's acceptance of the transfer.
8. I/we understand that this Membership is for my/our personal use and may not be used for commercial purposes.
9. I/we understand that this application is subject to the acceptance of the Club and that my/our new Membership is not valid until such acceptance.

Dated this ____ day of _____, 20____ at _____.

Member 1 _____

Member 2 _____

Witness _____

Witness _____

ALL SIGNATURES MUST BE NOTARIZED.



To be completed by Members relinquishing Membership:

Name (1) _____

Name (2) _____

Address _____

City _____ Prov/State _____

Postal Code _____ Telephone _____

1. For value received, I/we relinquish all claims to the Club, Membership Number _____ purchased by us on _____.
2. I/we hereby request the Club to transfer full and complete ownership of the Club Membership Number _____ to the New Member(s) listed above.

Dated this ____ day of _____ 20____ at _____, _____.

Member 1

Member 2

Witness

Witness

ALL SIGNATURES MUST BE NOTARIZED.

FOR OFFICE USE ONLY	
Accept by _____	Date _____
Membership Transfer Approved: ____ Yes ____ No	
Reason for Decline Application _____	

New Member Cards Mailed by _____	Date _____