



Walnut Creek Country Club, Inc.  
 508 Lakeshore Drive  
 Goldsboro, NC 27534  
 919-778-3034

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Title: \_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email Address 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Business Address 1: \_\_\_\_\_  
 Business Phone 1: \_\_\_\_\_

Marital Status:  Single  Married Anniversary Date \_\_\_\_\_  Other \_\_\_\_\_

SPOUSE INFORMATION

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email Address 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Business Address 2: \_\_\_\_\_  
 Business Phone 2: \_\_\_\_\_

DEPENDENT INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MEMBERSHIP CATEGORY

I am applying for membership in the following category:

- Regular  Single  Tennis  Social  Junior  
 Senior  Military  Out of Town  Legacy

Please indicate promotional program (if applicable): \_\_\_\_\_

If previously a member of Walnut Creek Country Club, please give resignation date: \_\_\_\_\_

Would you be interested in serving on a club committee?  Yes  No

Please check all areas of interest:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Swimming Pool       | <input type="checkbox"/> Dining            | <input type="checkbox"/> Bridge                |
| <input type="checkbox"/> Men's Golf       | <input type="checkbox"/> Tennis              | <input type="checkbox"/> Special Events    | <input type="checkbox"/> Clubhouse Decorations |
| <input type="checkbox"/> Ladies' Golf     | <input type="checkbox"/> Family Activities   | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Junior Golf      | <input type="checkbox"/> Children Activities | <input type="checkbox"/> Private Functions |  |

PAYMENT INFORMATION

Would you like to sign up for Auto Draft Bill Pay?  Yes  No

Send my monthly statement to (please check all that apply):  Email Address 1  Email Address 2  
 Home Address  Business Address 1  Business Address 2

REFERRAL

\_\_\_\_\_  
Name of Referring Member (Printed)

\_\_\_\_\_  
Signature of Referring Member (Signature Required)

TERMS AND CONDITIONS

If this membership is accepted, I agree to be bound by the By-Laws and other rules and regulations of the Club during my membership. In lieu of paying the initiation fee applicable to the membership category for which I am applying, I agree to enter a one year contract with Walnut Creek Country Club beginning on the date this membership application is accepted and ending one year thereafter. Dues and fees will remain as outlined in this contract for the first year of continuous membership. I further agree to be responsible for the monthly dues together with all other Club charges. I understand the Club bills are payable in full by the end of the following month in which charges were made and that finance charges will be added for failure to promptly pay Club charges. If I elect to cancel my membership for any reason during this contract period, I will be obligated for the remaining amount due for the contract period. After the initial term, the membership shall continue on a month to month basis and may be canceled by either party with 30 days' notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Date Received in Office: \_\_\_\_\_ Accepted By: \_\_\_\_\_

Application Accepted for Membership by Walnut Creek Country Club, Inc. Board of Directors

Member Number: \_\_\_\_\_

