



| |
|--|
| For Office Use Only: Initials _____ |
| Date of Entry: _____ |
| Activation Date: _____ |
| Amount Paid: _____ |
| Member #: _____ |
| Referred By: _____ |

Membership Application & Agreement

I understand that this application affords me full membership privileges at CCWP as of the date on this application. I formally wish to join under the following membership and dues billing options:

Membership Categories:

- Family Golf Membership
- Single Golf Membership

Trail Fee Options: Access to golf cart paths with personally owned cart.

- Family Golf Trail
- Single Golf Trail

Cart Plan: Access to golf cart paths with club owned cart.

- Family Golf Trail
- Single Golf Trail

Membership Profile:

Name _____ Birthdate _____

Spouse's Name _____ Birthdate _____

Home Address: _____

City _____ State _____ Zip _____

Billing Address (if different): _____

City _____ State _____ Zip _____

Employed by: _____

Address: _____

Position: _____ Business Phone: _____

Home Phone: _____ Cell Phone: _____

Primary E-mail Address: _____

Spouse/Partner E-mail Address: _____

Children under 23:

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Member Charge Account:

The club will extend members the privilege of a credit limit of up to \$1,000 for a member charge account, at the discretion of the club. You agree that any use of a member charge account is an outstanding liability the club can collect on. Member agrees that payment of all charges to the Member's account, made in accordance with this agreement, shall be due and owing on the 18th day of the month following the month in which the charges are incurred. Member authorizes the payment of all of said monthly balance using the payment information provided below, unless valid payment is made for such charges by check prior to the due date. Balances not paid by the end of the calendar month will be subject to a 5% late fee. Balance and late fees not paid by the end of the next calendar month will have account charging denied and privileges suspended until balance and fees are paid.

Credit Card & Payment Information/Policy:

The club requires an active credit card or alternative automatic payment method (either debit card or bank account information for ACH transaction) to be on file. Monthly member statements will be sent around the 1st of the month. All members will have until the 15th of the month to call in with any questions about their member statement. All automatic payments will be processed on the 18th of the month for the balance reflected on the monthly statement sent on the 1st. Member hereby authorizes such automatic payment for the statement balance on the 18th of each calendar month. All credit card transactions are subject to a 2.5% surcharge. Debit and ACH transactions are not subject to the 2.5% surcharge fee.

Signature _____ Date _____

Type of Card: MasterCard Visa Discover

Card Holder's Name: _____

Card #: _____

Exp. Date: _____ C V V # _____

Bank information for ACH transactions:

Bank Account Number _____ Routing Number _____

Resignation Policy & Membership Commitment:

If elected to membership, I agree to abide by all rules and regulations now in effect for Country Club of Whispering Pines and Foxfire Golf & Resort any additional amendments which may be made from time to time. I agree to be responsible for the charges incurred by myself or my family during our membership. I understand that my signature authorizes the clubs to charge the credit card listed above each month for my monthly membership balance. **I understand that membership is a 12-month financial commitment that automatically renews at the conclusion of my initial 12-month commitment. I also understand that if and when I wish to resign, I must submit a written 60-day notice for resignation from the club.** This resignation notice may only occur and become effective after my 12-month commitment has passed. If a member resigns his or her membership he or she is not permitted to rejoin the club within a six month period unless they have first paid all back dues that would have been owed if the membership had been maintained prior to the date of application to rejoin.

I submit the following information for consideration for membership.

Signature _____ Date _____

Signature _____ Date _____