



COUNTRY CLUB OF WHISPERING PINES

For Office Use Only: Initials _____

Date of Entry: _____

Activation Date: _____

Amount Paid: _____

Member #: _____

Referred By: _____

Membership Application & Agreement:

Country Club of Whispering Pines
2 Clubhouse Blvd
Whispering Pines, NC 28237
(910) 949-3000

I respectfully submit this application for membership to Country Club of Whispering Pines. I understand that this application affords me full membership privileges at CCWP as of the date on this application. I understand my initial monthly payment of dues owed will be listed below.

Membership Information

I formally wish to join under the following membership and dues billing options (Monthly Billing):

Membership Categories:

- Maples Family Golf Membership (**\$299/month**)
- Maples Single Golf Membership (**\$249/month**)
- USA Family Golf Military Active or Retired (**\$249/month**)
- USA Single Golf Military Active or Retired (**\$199/month**)
- Practice Facility Access **Included with Any Golf Membership**
- Sandhills Individual Social Membership (**\$75/month**) Includes 1 comp round per month with a paid cart fee of \$25
- Sandhills Family Social Membership (**\$125/month**) Includes 1 comp round per month with a paid cart fee of \$25
- Pines Pool/Fitness Center Membership (**\$599/Season**)

Discount Opportunities:

- Ages 75 + = 15% discount on dues only

Cart Pricing – Cart fee only for playing CCWP or Foxfire GC

18 Holes = \$25

Cart Plan Options: Access to golf cart paths with club owned carts (**Plus NC Sales Tax 7%**)

- Family Cart Plan = **\$225/month**
- Single Cart Plan = **\$175/month**

Trail Fee Options: Access to golf cart paths with personally owned cart – Proof of Insurance is required, and golf cart sticker displayed at all times.

- Family Golf Trail = **\$175/month**
- Single Golf Trail = **\$125/month**

Based on the above selections, dues will be \$_____ per month or per year

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: _____

E-mail Address: _____

Children under 23:

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Credit Card Information/Policy:

The club requires an active credit card or alternative automatic 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. Please visit the golf shop to use a bank account, if a debit card is not the monthly form of payment.

Type of Card: **MasterCard** **Visa** **Discover**

Card Holder's Name: _____

Card #: _____ Exp. _____

Date: _____ CVV # _____

Resignation Policy & Membership Commitment:

If elected to membership, I agree to abide by all rules and regulations now in effect for CCWP and 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 if the pay by credit card option is chosen. I understand that membership is a month-to-month financial commitment. I also understand that if and when I wish to resign, I must submit a written 30-day notice for resignation from the club. 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 back all 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 confidential consideration for membership.

Signature _____ Date _____

Signature _____ Date _____