

MEMBERSHIP APPLICATION

SAPONA COUNTRY CLUB, INC.
P.O. BOX 862
LEXINGTON, NORTH CAROLINA 27293-0862

APPLICATION FOR MEMBERSHIP

- TYPE OF MEMBERSHIP FULL MEMBERSHIP
- YOUNG ADULT MEMBERSHIP
- LINEAL DESCENT MEMBERSHIP
- SOCIAL MEMBERSHIP
- SENIOR MEMBERSHIP
- NON RESIDENT (50 MILE RADIUS)
- POOL MEMBERSHIP

I HEREBY APPLY FOR PERMANENT MEMBERSHIP (CHECK TYPE ABOVE) IN SAPONA COUNTRY CLUB, INC., AND SUBMIT THE FOLLOWING INFORMATION TO THE BOARD OF DIRECTORS.

(PLEASE TYPE OR PRINT IN INK)

NAME: _____

HOME ADDRESS: _____ CITY _____
STATE _____ ZIP CODE _____

BILLING ADDRESS: _____ CITY _____
STATE _____ ZIP CODE _____

TELEPHONE: () _____ BIRTHDATE: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____ CITY: _____
STATE _____ ZIP CODE: _____

BUSINESS TELEPHONE NUMBER: _____

SPOUSE: _____ BIRTHDATE: _____

CHILDREN: _____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

REFERED BY: _____

ACCOUNT NUMBER: _____ MEMBERSHIP TYPE CODE: _____