



2017 Tennis Membership Application

Date _____
Accepted _____

Applicant's name _____

Spouse's name _____

Address _____

City _____ State _____ Zip Code _____

(____) _____

Phone number _____

E-mail *used only for club purposes* _____

Would you like to receive invoices by email or mail?

Email _____

Mail _____

Children at Home:

First Name	Last Name	Age	M/F

Initiation fee

___ \$550.00

Payment

Dues

___ \$550.00

Total Paid \$ _____

I, the undersigned, do hereby make formal application to the Windyrush Country Club. If my application is accepted, I agree to abide by the rules and by-laws of the club. I agree that my membership is not transferable.

Applicant's signature _____

Mail checks to: Windyrush Country Club
6441 Windyrush Road
Charlotte, NC 28226 **or**

Credit card payment please email
office@windyrush.com

Please add email address for family members who want to be informed about Windyrush events and information.
