



WINDYRUSH
COUNTRY CLUB

2019 Family Membership Waiting List Application

Date _____
Accepted _____

Applicant's name _____

Spouse's name _____

Address _____

City _____ State _____ Zip Code _____

(_____) _____
Phone number

_____ *E-mail used only for club purposes*

Children at Home:

First Name _____ **Last Name** _____ **Date of Birth** _____ **M/F** _____

Waiting list application fee required: fee will be applied to membership once membership is available

\$100.00

\$ _____

Initiation fee

Payment

___ \$1,500.00

Or

___ \$1,000.00 due upon joining; \$500.00 due on membership anniversary

Dues

___ \$775.00

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 email office@windyrush.com for more information.

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