

**Family Membership Application with Application Fee**

 **Date\_\_\_\_\_\_\_**

**Accepted\_\_\_\_\_**

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Applicant’s name Spouse’s name

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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**\_\_ \_

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

\_\_\_ **$200.00**

Initiation fee Payment. \_\_\_$3,000.00

**Or**

\_\_\_\_\_\_\_\_\_\_\_$2,500.00 due upon joining; $500.00 due on membership anniversary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dues**

Contact the office for current pricing. **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

**Office Use**

Want to be informed about Windyrush: \_\_email \_\_eSoft \_\_evite\_\_news

Events and information: \_\_welcome letter \_\_QB \_\_directory