

**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**

**$250.00 $\_\_\_\_\_\_\_\_**

Initiation fee Payment

\_\_\_$4,000.00 \_\_\_\_\_\_\_\_\_\_

**Or**

\_\_\_$3,500.00 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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mail checks to:** Windyrush Country Club

**Applicant’s signature** 6441 Windyrush Road

Charlotte, NC 28226 **or**

**Credit card payment email** [office@windyrush.com](mailto:office@windyrush.com) **for more information**

Please add email address for family members **Office Use** who want to be informed about Windyrush \_\_email \_\_eSoft \_\_evite\_\_news events and information. \_\_welcome letter \_\_QB \_\_directory

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