

Coharie Country Club
101 Coharie Lane, Clinton, NC 28328

MEMBERSHIP APPLICATION

NAME: _____ **PHONE:** _____

RESIDENCE ADDRESS: _____

NAME OF BUSINESS/PROFESSION: _____

BUSINESS ADDRESS: _____

POSITION/TITLE: _____ **BUS. PHONE:** _____

CELL PHONE: _____ **E-MAIL:** _____

DATE OF BIRTH: _____

SPOUSE'S FULL NAME: _____ **DATE OF BIRTH** _____

CHILDREN:

NAME: _____ **SEX:** _____ **DATE OF BIRTH:** _____

NAME: _____ **SEX:** _____ **DATE OF BIRTH:** _____

NAME: _____ **SEX:** _____ **DATE OF BIRTH:** _____

MEMBERSHIP TYPE (circle your preference)

ALL APPLICATIONS FOR MEMBERSHIP MUST BE ACCOMPANIED WITH A \$200 INITIATION FEE

***FULL FAMILY** (all club facilities, including golf)
(\$200.00 + \$50.00 food minimum)

***JUNIOR** (all club facilities, including golf)
Age:35 or younger (\$140.00 + \$50.00 food min)

***SOCIAL** (all activities, except golf)
(\$165.00 + \$50.00 food minimum)

***NON-RESIDENT** (out of town membership)
15 miles from CCC, (\$1,150.00 annually)

***Out of County – Contiguous County**
(\$850.00 annually, no minimum)

***Out of County – Noncontiguous County**
(\$500.00 annually, no minimum)

I agree that if approved by the Board of Directors, **I will commit to a 12-month contract with Coharie Country Club, Inc.,** (Initials: _____). I agree that I shall pay the regular monthly dues and any assessments established by the Board of Directors and any other charges or indebtedness by bank draft on the fifth of each month.

NAME OF BANK: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

This application is for any privileges and use of the club facilities and participation in events allowed by my membership category.

I, the undersigned, fully understand this application, agree with the stipulations above and will adhere to all Club Rules and By-Laws.

DATE: _____ **SIGNATURE:** _____

My application is sponsored by the three current Coharie Country Club members below. The first listed sponsor should receive credit for recruiting me as a Coharie Country Club member.

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

FOR OFFICE USE ONLY

APPLICATION APPROVED _____ **APPLICATION NOT APPROVED:** _____

MEMBERSHIP STARTING DATE: _____

MEMBERSHIP I.D. NUMBER: _____