



**MEMBERSHIP APPLICATION**

PO BOX 246

NEWBERRY, S.C. 29108

803-276-2385

Date: \_\_\_\_\_

I, \_\_\_\_\_ Age \_\_\_\_\_ hereby apply for membership in the Country Club of Newberry. Attached hereto is my check to cover the \$125.00 for one share of STOCK, and \_\_\_\_\_ dues to cover one month's dues.

If approved, I understand that I am responsible for all conduct and debts of the members of my family and guest. Listed below is pertinent information, which I certify to be correct. At such time membership is cancelled or terminated the Club has the option to recall the stock. The B-shares of stock is void if membership is cancelled or terminated and can not be used if member rejoins at a later date.

Type of Membership: Single \$120.00 ( ) Family \$125.00 ( ) Junior Executive \$80.00 ( ) Junior \$60.00 ( )  
Check one

If family membership please provide the following information: Applicant date of birth \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children (21 years of age or under only)

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone: Area code(\_\_\_\_\_) \_\_\_\_\_

Present Employer \_\_\_\_\_ Business Telephone: Area code (\_\_\_\_\_) \_\_\_\_\_

Employer address: \_\_\_\_\_

If employed at present occupation for less than two years, state previous occupation. \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Address of previous employer \_\_\_\_\_

**Email Address** \_\_\_\_\_

The members of my family are interested in the following activities and facilities: List priorities 1-7  
GOLF ( ) SWIMMING ( ) TENNIS ( ) DANCES & PARTIES ( ) COCTAIL LOUNGE ( )  
CHILDREN'S SOCIALS ( ) FACILITIES FOR PRIVATE PARTIES ( )

APPLICANT: \_\_\_\_\_

Note: The Board of Directors usually meet on the third Monday of each month. Your application will be considered at that time. Soon after you will receive a reply.

You must have (3) members (who must sign this application) as a sponsor.

Primary sponsor: \_\_\_\_\_ Secondary sponsor: \_\_\_\_\_ Secondary Sponsor: \_\_\_\_\_  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Sponsor please print: \_\_\_\_\_  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_