



PO BOX 246
414 COUNTRY CLUB ROAD
NEWBERRY SC 29108
803-276-2385 PHONE
803-276-8545 FAX

MEMBERSHIP APPLICATION

Date: _____

I _____ age _____ hereby apply for membership to 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 are void if membership is cancelled or terminated and can not be used if member rejoins at a later date.

Type of Membership (check one):

Single \$120.00 () Family \$125.00 () _____

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 OR full time student under 25)

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

Home Address _____

Home Telephone: (____) _____

Present Employer: _____ Business Telephone: (____) _____

Email Address: _____

Applicant Signature: _____

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.

MONTHLY DUES WILL BE AUTOMATICALLY DRAFTED FROM YOUR BANK ACCOUNT OR CREDIT CARD. PLEASE ATTACH A VOIDED CHECK OR CREDIT CARD INFORMATION.

You must have (3) members sign this application as sponsors.

Primary sponsor: Secondary sponsor: Secondary sponsor:

(1) _____ (2) _____ (3) _____

Sponsor please print:

(1) _____ (2) _____ (3) _____