



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

## JUNIOR MEMBERSHIP APPLICATION

(up to 26 years old)

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

I \_\_\_\_\_ age \_\_\_\_\_ hereby apply for membership to the Country Club of Newberry. Attached is my check for \$60 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. If at any point you wish to terminate your membership, you are required to do so in writing or dues will continue to incur.

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) \_\_\_\_\_