



WILD WOOD COUNTRY CLUB



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		GHIN #:
Date of birth: / /	Home Phone: ()	Work Phone: ()
Current address:		
City:	State:	Zip Code:
E-Mail:		Cell Phone: ()

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth: / /	Cell Phone: ()	Work Phone: ()
Email:		

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:	Date of birth: / /	Email:
Name:	Date of birth: / /	Email:
Name:	Date of birth: / /	Email:

MEMBERSHIP INFORMATION

Membership Type <small>(please circle one):</small>				Membership Dues:	\$	
Single	31-62		Sub-Jr.	18 & Under	Initiation Fee:	\$
Single Jr.	30 & Under		Family	31-62	Promotional Discount:	\$
Single Sr.	63 & Over		Family Sr.	63 & Over	Total:	\$
College	Full Time		Family Jr.	30 & Under	Deposit:	\$
					Balance:	\$

SIGNATURES

- I understand and agree that my membership and any future renewal confer no ownership rights to the assets or property owned by Wild Wood Country Club investors.
- I understand and agree that all payments for membership are non-refundable and non-transferable without agreement of the management.
- I agree that all membership plans are payable in four monthly installments and are due on the 10th of each month, December through March. (With the exception of Sub-Junior membership, (under age 18.) After the 30th of each month, a finance charge of 2% will be applied to the outstanding balance.
- I further understand that the management of Wild Wood Country Club has the right to gain access to any locker on the premises.

Credit Card #:	Expiration Date:
Signature of applicant:	Date: / /
Signature of spouse: <small>(only if for a joint membership)</small>	Date: / /