



Wayne Hills Country Club

PERSONAL INFORMATION SHEET

First Name _____ Last Name _____

Date of Birth * _____ Year joined the club _____

Mailing Address Street: _____

Town _____ State _____ Zip Code _____

Telephone Numbers: Home _____ Cell _____

Email Address: _____

Type of Membership _____ (Single, Family, Weekday)

If Family Membership, please complete the following:

Spouse:

First Name _____ Last Name _____ DOB * _____

* Date of Birth (DOB) is required on family membership to select classification.

Children who will be playing:

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

If this application is accepted, I agree to abide by all the rules and regulations as set forth by the WHCC Board of Directors. I agree to pay all dues according to the schedule approved. I understand that if dues or charges are in arrears, privileges of the club will be denied until paid in full.

Signature of Member: _____ Date: _____