



Wayne Hills Country Club

Application for Membership

PERSONAL INFORMATION

First Name _____ Last Name _____

Date of Birth * _____

Mailing Address Street: _____

Town _____ State _____ Zip Code _____

Telephone Numbers: Home _____ Cell _____

If you do not wish your phone number listed in our Directory, please check here: _____

Email Address: _____

Employer: _____

Occupation: _____

Type of Membership Applying for (Single/Family): _____

If Family Membership, please complete the following:

Spouse:

First Name _____ Last Name _____ DOB _____

Email Address if different then above: _____

Children:

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

* Date of Birth (DOB) is required to determine annual dues payments.

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 by the Board of Directors. 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** _____

Sponsoring Member Name (Print) _____

Sponsoring Member Signature _____ **Date:** _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, national origin of individual applicants on the basis of visual observation or surname:

Ethnicity:	Hispanic or Latino []	Non-Hispanic or Latino []
Race: (Mark one or more)	White []	Black or African American []
	American Indian/Alaska Native []	Asian []
	Native Hawaiian or Other Pacific Islander []	
Gender:	Male []	Female []

“Equal Opportunity Program”

<p>Check Appropriate Membership Applying For:</p> <p>➤ Regular Membership []</p> <p>➤ 2-Year Special []</p> <p>➤ 1-Year Special []</p> <p>➤ Other []</p>

Date Approved By Board of Directors: _____