



**For Office Use Only: Initials** \_\_\_\_\_

Date of Entry: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_

Member #: \_\_\_\_\_

Referred By: \_\_\_\_\_

## Membership Agreement

The Country Club of Whispering Pines  
2 Clubhouse Boulevard  
Whispering Pines, NC 28327  
(910) 949-3000

Foxfire Golf and Resort  
9 Foxfire Boulevard  
Foxfire Village, NC 27281  
(910) 295-5555

I respectfully submit this application for membership to The Club of the Sandhills. I understand that this application affords me full membership privileges of both clubs as of the date on this application. I understand my initial payment of dues owed will be \_\_\_\_\_.

### Membership Information

I formally wish to join under the following membership and dues billing options:

#### Membership Categories:

- |   |  |
|---|--|
| <input type="checkbox"/> Full Family Golf Membership <b>(\$275/month)</b> | <input type="checkbox"/> Full Single Golf <b>(\$210/month)</b>     |
| <input type="checkbox"/> Legends Family <b>(\$250/month)</b>              | <input type="checkbox"/> Legends Single <b>(\$190/month)</b>       |
| <input type="checkbox"/> Executive Family <b>(\$195/month)</b>            | <input type="checkbox"/> Executive Single <b>(\$160/month)</b>     |
| <input type="checkbox"/> Jr. Executive Family <b>(\$135/month)</b>        | <input type="checkbox"/> Jr. Executive Single <b>(\$105/month)</b> |
| <input type="checkbox"/> Legends Gold <b>(\$85/month)</b>                 |  |
| <input type="checkbox"/> Social <b>(\$825/yearly)</b>                     |  |

#### Ages

- \* Jr. Executive 21-49
- \* Executive 50-59 (Oldest Spouse)
- \* Full Family 60-74 (includes husband, wife and any children 23 or under living in the home)
- \* Legend 75-84
- \* Legend Gold 85 +

### Cart Plan Options (Plus NC Sales Tax 6.75%)

- |   |   |   |                      |
|---|---|---|----------------------|
| <input type="checkbox"/> Full Family Cart Plan    | <b>(\$207/month)</b>                                |   |                      |
| <input type="checkbox"/> Legends Family Cart Plan | <input type="checkbox"/> Executive Family Cart Plan | <input type="checkbox"/> Jr. Executive Family           | <b>(\$165/month)</b> |
| <input type="checkbox"/> Full Single Cart Plan    | <b>(\$155/month)</b>                                |   |                      |
| <input type="checkbox"/> Legends Single Cart Plan | <b>(\$145/month)</b>                                |   |                      |
| <input type="checkbox"/> Legends Gold Cart Plan   | <input type="checkbox"/> Executive Single Cart Plan | <input type="checkbox"/> Jr. Executive Single Cart Plan | <b>(\$125/month)</b> |

### Trail Fee Options (Your Personally Owned Cart)

- |   |   |   |                      |
|---|---|---|----------------------|
| <input type="checkbox"/> Full Family Trail Fee    | <b>(\$167/month)</b>                                |   |                      |
| <input type="checkbox"/> Legends Family Trail Fee | <input type="checkbox"/> Executive Family Trail Fee | <input type="checkbox"/> Jr. Executive Family Trail Fee | <b>(\$132/month)</b> |
| <input type="checkbox"/> Full Single Trail Fee    | <b>(\$117/month)</b>                                |   |                      |
| <input type="checkbox"/> Legends Single Trail Fee | <input type="checkbox"/> Executive Single Trail Fee | <input type="checkbox"/> Jr. Executive Single Trail Fee | <b>(\$107/month)</b> |
| <input type="checkbox"/> Legends Gold             | <b>(\$85/month)</b>                                 |   |                      |

**Statement of Discounts/Promotions: 20% Discounts may not be combined with other offers or specials**

*\*20% monthly discount for Active Military*

*\*5% annual discount for any prepaid annual dues*

I submit the following information for confidential consideration for membership:

**Membership Profile:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Spouse Information**

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Member Charge Account:**

The club will extend members the privilege of a credit limit of up to \$1,000 for a member charge account. This limit will be finalized once a credit report is reviewed. By signing this agreement you are agreeing to allow the club to review your personal credit report if we deem necessary. You are also agreeing that the club has the ability to offer a line of credit it feels is acceptable based on the review of this credit report.

**Credit Card Information/Policy:**

The club requires an active credit card to be on file. Monthly member statements will be sent around the 7<sup>th</sup> of the month. All members will have until the 20<sup>th</sup> of the month to call in with any questions about their member statement. All credit cards will be processed on the 20<sup>th</sup> of the month for the balance reflected on the monthly statement sent on the 7<sup>th</sup>.

Type of Card:  MasterCard  Visa  Discover

Card Holder's Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ C V V # \_\_\_\_\_

**Resignation Policy & Membership Commitment:**

If elected to membership, I agree to abide by all rules and regulations now in effect for The Club of the Sandhills and any additional amendments which may be made from time to time. I agree to be responsible for the charges incurred by myself or my family during our membership according to the club's by-laws. I understand that my signature authorizes the clubs to charge the credit card listed above each month for my monthly membership balance if the pay by credit card option is chosen. I understand that membership is a 12 month financial commitment. I also understand that if and when I wish to resign, I must submit a written 60 day notice for resignation from the club. This resignation notice may only occur after my 12 month commitment has past.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Additional Membership Information**

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