



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

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

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

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

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

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

# 2018 Membership Agreement

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

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

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 Categories:**

- \* Legend Gold ( age 85+)
- \* Legend ( age 75 -84)
- \* Full Family (age 60-74)
- \* Executive (age50-59)
- \* Jr. Executive (age 49 and under)

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

### **Family Membership**

- Legends Gold (\$85/month) Single or Family
- Legends Family (\$241/month)
- Full Family Golf Membership (\$268/month)
- Executive Family (\$194/month)
- Jr. Executive Family (\$135/month)
- Social (\$795/yearly)

### **Single Membership**

- Legends Single (\$188/month)
- Full Single Golf (\$210/month)
- Executive Single (\$157/month)
- Jr. Executive Single (\$105/month)

### **Cart Plan Options (Includes NC Sales Tax)**

- Legends Gold Cart Plan (\$125/month)
- Legends Family Cart Plan (\$165/month)
- Full Family Cart Plan (\$205/month)
- Executive Family Cart Plan (\$165/month)
- Jr. Executive Family Cart Plan (\$165/month)

- Single or Family
- Legends Single Cart Plan (\$145/month)
- Full Single Cart Plan (\$155/month)
- Executive Single Cart Plan (\$125/month)
- Jr. Executive Single Cart Plan (\$125/month)

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

- Legends Gold Trail Fee (\$85/month)
- Legends Family Trail Fee (\$132/month)
- Full Family Trail Fee (\$167/month)
- Executive Family Trail Fee (\$132/month)
- Jr. Executive Family Trail Fee (\$132/month)

- Single or Family
- Legends Single Trail Fee (\$107/month)
- Full Single Trail Fee (\$117/month)
- Executive Single Trail Fee (\$107/month)
- Jr. Executive Single Trail Fee (\$107/month)

*\*20% monthly discount for anyone 30 and under*

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

**Membership Profile:**

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

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

Children \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ 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 \$2,000 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  Monthly Pay by Check

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

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

Exp. Date: \_\_\_\_\_

**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 \_\_\_\_\_

