



Cedarbrook Country Club

SPECIAL MEMBERSHIP APPLICATION

DATE _____

NAME _____ SS # _____

ADDRESS _____ DRIVERS LICENSE # _____

CITY _____ ZIP _____ EMPLOYER _____

SPOUSE FIRST NAME _____ TEL# (H) _____ (B) _____ (C) _____

SPOUSE EMPLOYER _____ DATE OF BIRTH _____

E MAIL ADDRESS _____ PREVIOUS CLUB MEMBERSHIP(S) _____

CHILDREN AT HOME - FIRST NAMES & AGES _____

CHECK ONE	INITIATION FEE	MONTHLY DUES
____ RESIDENT-S	WAIVER	\$120.00
____ INTERMEDIATE NON RESIDENT	WAIVER	\$105.00
____ NON RESIDENT-S (outside 40 mile radius of Elkin)	WAIVER	\$75.00
____ CLUB HOUSE-S	WAIVER	\$45.00
____ YOUNG EXECUTIVE (30-39)	WAIVER	\$95.00
____ YOUNG ADULT (21-29)	WAIVER	\$65.00
____ STUDENTS (13-20)	WAIVER	\$500.00 (ANNUAL PAYMENT ONLY)

RECOMMENDED BY:

1. _____ (REFERRING MEMBER)

2. _____ (MEMBER)

3. _____ (BOARD MEMBER)

- A. Initiation fee must be paid in full with application.
- B. Reinstatements in good standing must have quarterly dues attached, along with membership certificate number. Check here for reinstatement _____.
- C. Membership must remain active for a minimum of two years, eight quarters, or initiation fee will be forfeited. Application for reinstatement in the future will require full initiation fee in effect at time of request for reinstatement.
- D. Dues are payable monthly, quarterly or annually in advance, within 30 days from beginning of quarter or year.**
- E. Payment after 30 days is subject to 1 1/2% finance charges. Two months past due is subject to \$50.00 late payment fee, plus finance charges.**
- F. Resignations must be in writing to the president or secretary of the club.

BANK REFERENCE _____ SIGNATURE OF APPLICANT _____

APPROVED BY BOARD OF DIRECTORS: _____ DATE _____

SECRETARY _____ MEMBERSHIP NUMBER _____

Post Office Box 475 Elkin, North Carolina 28621 Phone: 336-835-2320 Fax: 336-835-1325