

PROPOSALS

Two members in good standing must propose all applicants. Please have two such members complete the following:

I have known the candidate(s) _____

for _____ years in the following capacities: _____

Proposer

I have known the candidate(s) _____

for _____ years in the following capacities: _____

Secunder

STATEMENT OF POLICY

Membership in the Waynesboro Country Club, Inc. is open to all individuals within the area regardless of race, sex, color, religion, national origin, or handicap. The Board of Directors is responsible for establishing membership guidelines. If the maximum limits have been reached, prospective members may make an appropriate deposit (as set by the Board) to have their name placed on a waiting list.

All applications will be reviewed by the Board of Directors. If approved, the application will be posted by thirty (30) calendar days. Members may voice their objections in writing to the Board. The Board will consider any objections and will make the final decision as to acceptance or non-approval. All applicants will be notified as to the Board's decision.

BOARD ACTION

PRESENTED TO THE BOARD _____

APPLICATION POSTED _____

APPLICATION APPROVED/REJECTED _____

APPLICANT NOTIFIED _____

Waynesboro Country Club, Inc.

Application for Membership



11000 Country Club Road
Waynesboro, Pennsylvania 17268
Club House: 762-2602
Office: 762-8401
Pro Shop: 762-2603
Maintenance: 762-6370

Established 1928

I/we hereby apply for membership in the Waynesboro Country Club, Inc. If accepted, I/we agree to pay for such stock ownership, initiation fee, assessments, current or later, and annual dues, as are prescribed by the Board of Directors.

I/we agree also that I/we will abide by the by-laws, rules and regulations of the corporation.

Furthermore, I/we fully understand that the Board of Directors has the authority to revoke my/our membership for cause at any time and that my/our payment of any monies will not be refunded under any conditions.

I/we further agree to make timely payments (within 30 days upon presentation) of dues, monthly charges and/or assessments. If I/we resign, I/we agree to pay all applicable charges to the date of my/our resignation.

I/we understand that if accepted, membership is assumed until I/we notify (in writing) Waynesboro Country Club otherwise.

Your Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone (Yours) _____ (Spouse) _____

E-Mail Address _____

PLEASE INDICATE DESIRED MEMBERSHIP

STOCKHOLDING MEMBERSHIPS

_____ **Social** —Use of Clubhouse

Add-on to Social:

_____ **Pool** _____ **Tennis** _____ **Twilight Golf**

_____ **Golf A**—Use of all Club facilities

_____ *If only one golfer in the family, please check here*

Golfer's Name: _____

NON-STOCKHOLDING MEMBERSHIPS

_____ **Twilight Golf A**—Golf after 2pm, Apr-Oct

_____ **Mon-Fri** _____ **Couple**

_____ **Fri, Sat, Sun** _____ **Single**

_____ **Dining**—Ala Carte Dining

_____ **Dining & Tennis**—Ala Carte Dining & Tennis Courts

_____ **Dining & Swimming**—Ala Carte Dining & Pool

_____ **Student Golf**—Golf after 2pm

Name of Student(s): _____

PERSONAL DATA

Marital Status: Married Single Significant Other Other _____

Your Name _____ Birth Date _____

Spouse's Name _____ Birth Date _____

Children: Name _____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

NOTE: Children are eligible to use the facilities within your class through the age of 23, or upon graduation from college or completion of the military tour of duty (whichever comes first). The privilege would cease upon marriage of the child.

MEMBERSHIPS ARE NOT TRANSFERABLE

Your Employer _____ Occupation _____

Address _____

Spouse's Employer _____ Occupation _____

Address _____

I/we hereby give my/our permission to the Waynesboro Country Club to contact any or all of the references and employer(s) listed. I/we authorize these individuals and businesses to furnish the information requested by the Waynesboro Country Club

Signed _____

Signed _____

PROMISE TO PAY PROVISION

In the event membership is terminated within the first 12 months, I/we agree that I am/we are contractually obligated to continue paying regular monthly dues up to and including the 12th month. I/We further agree that such dues shall be collected via use of a debit card, credit card, or other electronic means, and that such payments cannot be revoked or reversed in any manner.

Card Number _____ Your Signature _____

Expiration _____ Security Code _____ Spouse's Signature _____