



Membership Application & Agreement

Date: _____

Applicant's Name: _____ Signature: _____

Spouse's Name: _____ Signature: _____



Waynesboro Country Club, Inc.

11000 Country Club Road

Waynesboro, PA 17268

717-762-8401 1 – Reservations

2 - Banquet/Private Room Information

3 - Business Office

4 - Pro Shop

Waynesborocc.com

Steve Glossinger, CGCS, General Manager

Josh Strausbaugh, PGA, Head Pro

Jeffrey Raimo, Executive Chef

Alyssa Brechbill, Hospitality Manager

Ronda Kleppinger, Office Manager

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 for 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.

PROPOSALS FOR MEMBERSHIP

Two (2) WCC members in good standing must propose all applicants. Please have those members complete the following:

I, _____, have known the applicant(s) for _____ years in
(please print)
the following capacities: _____, and I propose them for
membership.

Signature: _____

I, _____, have known the applicant(s) for _____ years in
(please print)
the following capacities: _____, and I propose them for
membership.

Signature: _____

The Waynesboro Country Club



CONTACT INFORMATION

Your Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Your Cell: _____ Spouse's Cell: _____

Other Contact Number(s): _____

Your Email: _____

Spouse's Email: _____

HOUSEHOLD INFORMATION

Marital Status: ____ Married ____ Single ____ Significant Other ____ Other

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Other: _____ DOB: _____ Relationship: _____

Other : _____ DOB: _____ Relationship: _____

EMPLOYMENT INFORMATION

Your Employer: _____ Occupation: _____

Address: _____

Spouse's Employer: _____ Occupation: _____

Address: _____



DESIRED MEMBERSHIP

GOLF

Every member of your Household (two adults over the age of 21, any children under the age of 21 living in the same residence, and any grandchildren under the age of 23 regardless of residence), will have unlimited use of the swimming pool, tennis courts and dining facilities.

Unlimited golf, excluding cart rentals, is included for one person of the Household. You may add a seconded Household member to the unlimited golfing privileges for an additional monthly fee.

Golfer's Name: _____

Second Golfer (fee applies): _____

SOCIAL

Every member of your Household (two adults over the age of 21, any children under the age of 21 living in the same residence, and any grandchildren under the age of 23 regardless of residence), will have unlimited use of the swimming pool, tennis courts and dining facilities.

Add-on Available (additional fees apply):

Flex Golf gives one member of the Household unlimited golf after 2pm only

 FLEX GOLF Add-on

Golfer's Name: _____

FLEX GOLF

This membership includes unlimited golf after 2pm only. Limited morning rounds and winter rounds with green fees applicable. Also includes year-long Clubhouse usage and day-long driving range. This is a single person membership.

Golfer's Name: _____

STUDENT GOLF

This membership includes unlimited golf after 2pm only. Also includes year-long Clubhouse usage and day-long driving range. This is a single person membership, and you must be a Student (high school or college) and be under the age of 23. [If the student applying for membership is under the age of 18, a parent/guardian must complete this application.]

Student's Name: _____ DOB: _____

School Name: _____ Year of Graduation _____

The Waynesboro Country Club



OPTIONAL ITEMS

(Additional fees apply to all items listed. Please see the attached fee schedule for current pricing or ask the Club Office for more information.)

_____Annual Cart Plan

Unlimited cart rentals at no additional fees; 12 month commitment

Golfer's Name: _____

Second Golfer: _____

_____Prepaid Golf Guest Passes

Minimum purchase of 10 discounted passes. Each pass includes cart and green fees for your guest

_____Club Storage _____Pull Cart Storage _____Hole-in-One Club _____Locker

ITEMS OF UNDERSTANDING

(Please read each item listed and initial showing agreement.)

_____If accepted, I agree to pay for such stock ownership, initiation fee, assessments, dues and other fees as are prescribed by the Board of Directors.

_____I understand that the Board of Directors may change the costs of membership at any time (typically April).

_____I understand that there is a twelve (12) month commitment of membership calculated from the date this application is submitted

_____I understand that I must read and abide by the By-Laws, Rules and Regulations of WCC

_____I understand that the Board of Directors has the authority to revoke my membership for cause at any time and that payment of any monies will not be refunded under any conditions

_____I understand that if accepted, membership is assumed, and dues/fees will continue until I notify (in writing) WCC of my wish to resign

The Waynesboro Country Club



PAYMENT INFORMATION

(Please initial each item below and fill in the necessary information.)

_____ When this application is submitted, I agree to pre-pay two (2) months of dues using the credit card information below. [This is not an initiation fee and any amounts prepaid will be applied against charges, dues or fees billed to your account.]

Card Number: _____

Expiration: _____

Security Code: _____

Zip Code: _____

Cardholder's Signature: _____

_____ I agree to make timely payments of all charges billed to my account including dues, fees, usage charges and/or assessments. Statements are sent on the 1st day of each month and are payable in full upon receipt. Please send my statement via:

_____ USPS to address on file

or

_____ Email: _____

_____ I agree to pay all charges (dues, fees, usage) billed to my account until the date of my written resignation.

_____ I understand that if at any time my account reaches 60 days or more delinquent, my account and all Club privileges will be suspended. I further agree that all delinquent amounts payable will be charged against the credit card listed above.

_____ I understand that my credit card will NOT automatically be charged for monthly statement amounts

AUTOMATIC PAYMENTS (Optional)

Statement amounts may be automatically withdrawn from your checking account. These withdrawals will take place on the 3rd of each month. If you wish to participate, please complete the following:

Account Holder's Full Name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Holder's Signature: _____

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