WEDGEWOOD PINES COUNTRY CLUB

2021 Application for Membership

Personal Information:	Date	
Name, Last	First	
Home Address		
City, State, Zip		
Email address	Cell Phone	
Occupation	DOB	
Company Name & Work Phone		
Company Address		
Family Information:		
Spouse, Last	First	
Home Address		
City, State, Zip		
Email address	Cell Phone	
Occupation	DOB	
Company Name & Work Phone		
Company Address		
Children & Child Caregivers (please indicate) Name	DOB	
Name	DOB	
Name	DOR	

Please list any members you or your family are personally acquainted with.		
Name	Relationship	
Name	Relationship	
Please list any clubs where you or your spo	ouse have been, or are, members.	
Have you ever been refused membership, e club, and if so, please explain the circumsta		
Have you or your spouse been convicted of circumstances.		
How did you hear about WPCC?		
Did anyone refer you to WPCC? If so, who	?	
Type of Membership Requested: Adult GolfAdult FamilySenior, GolfSenior FamilyJunior A, GolfJunior A FamilyJunior B, GolfJunior B FamilyStudent, Golf (Ages 13-20)	(Ages 70 & Above) (Ages 30-39)	
Corporate (No Age Requirement)Pool, Family (No Age Requirement)		
I/we hereby make application for membership in the certify that, to the best of our knowledge, the forgoinany misrepresentation shall be cause for denial or excomply with the by-laws, club rules and regulations be adopted, at any time, by management. I/we furth fair play as set by WPCC and its management. I/we entities listed as references above and obtain informor necessary and relevant to the granting of members.	ing information is correct. I/we understand that xpulsion. I/we agree, if approved, for membership is and such regulations governing members as may her agree to uphold the standards of decorum and it hereby authorize WPCC to contact any persons or nation or references which may be deemed useful	
Signed	Date	
Signed	Date	