

The Country Club of Johnston County, Inc.

694 Country Club Road
Smithfield, North Carolina 27577

MEMBERSHIP APPLICATION

(1) Date of Application _____ Type of Membership: _____ Date of Acceptance _____

(2) _____
Applicant's Name Soc. Sec. # Date of Birth Tel. # (Home) Tel. # (Work)

(3) _____
Address: Street and Number City State Zip Code

(4) _____
Name of Spouse Date of Birth Anniversary Date Employer Occupation Tel. #
(Work)

(5) Children: Name Date of Birth Name Date of Birth

(6) _____
Employer Employer Address Position Held

(7) How many years have you lived in this vicinity or community? _____

(8) Give three references:

Bank Address Tel. #

Merchant Address Tel. #

Personal Address Tel. #

(9) _____
Sponsor (Signature) Sponsor (Signature)

*(10) The Club prefers that account balances be paid by electronic draft in order to save paper work and expense of handling. Please enter the following information for this purpose:

Name of Bank City Bank ABA Number: Checking Account Number

(11) For the Club to accept your resignation, written notice must be given and your Stock Certificate returned to the Club office.

(12) _____
Applicant (Signature) Spouse (Signature)

(13) E-Mail Address: _____

(14) Fax Number: _____

Membership is not in force until this application has been accepted by the Board of Directors and applicant has been notified in writing.