

The Country Club of Johnston County, Inc.

694 Country Club Road
Smithfield, North Carolina 27577

2020 MEMBERSHIP APPLICATION

(1) Date of Application _____

(2) Date of Acceptance _____

(3) Type of Membership:

Full Member

Out Of County Member

Junior Member

Special Member

Social Member

Corporate Member (Requires Alternate Application)

(4) _____
Applicants Last Name Applicants First Name Date of Birth

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

(4) _____
Home Phone Work Phone Cell Phone Email Address

(5) _____
Name of Spouse Date of Birth Email Address

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

(7) _____
Employer Position Held

(8) (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:

(9) _____
Name of Bank City Bank ABA Number: Checking Account Number

Payment: Draft on the 10th Draft on the 17th Manual Payments

Membership requires one year Minimum Cancellation after the year requires a 30 day written notice.

By signing below I agree to the codes of conduct and rules mandated by CCJC.

(10) _____
Applicant (Signature)

Spouse (Signature)