

The Country Club of Johnston County, Inc.

694 Country Club Road
Smithfield, North Carolina 27577

MEMBERSHIP APPLICATION

(1) Date of Application _____

(2) Date of Acceptance _____

(3) Type of Membership:

Full Member

Junior Member

Tier 1- (Ages 31 - 36)

Tier 2- (Ages 21 - 30)

Social Member

Out Of County Member

Corporate Member (Requires Alternate Application)

Special Member

(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)

Revised 2/23/2024