



WINDYKE COUNTRY CLUB, INC.

T 901.754.1888
F 901.752.3847
8535 Winchester Road
Memphis, TN 38125
PO Box 38369
Germantown, TN 38183

<i>For office use only:</i>	
Date Received	_____
Initiation Fee Paid	_____
Seasonal	_____
Initial	_____

Membership Number _____

APPLICATION FOR FULL MEMBERSHIP PRIVILEGES

(Golf, Swimming, Tennis and Club House)

Name _____ Legal Husband or Wife _____

Date of Birth _____ Husband or Wife Date of Birth _____

Social Security Number _____ Home Phone _____

Cell Phone _____ Business Phone _____

Home Address _____ City, State _____ Zip Code _____

Email Address _____ Fax _____

Business Title _____ Company _____

Business Address _____ City, State _____ Zip Code _____

Billing Address (check one) Business Home Email

Household Dependents

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

Sponsor: (Member in Good Standing)

_____	_____
Name	Member Number

I hereby make application from Windyke Country Club, to purchase the use of recreational and sporting facilities located at 8535 Winchester Road, Shelby County, Tennessee.

I also understand that I am obligated for the payment of a monthly privilege fee, which may be changed from time to time to defray the cost, maintenance and upkeep of the facilities, and that failure to pay the monthly privilege fee fixed by Windyke County Club when due may result in forfeiture of the escrow deposit and privileges. Any outstanding balance is subject to a 1-2% per month late charge, collection costs, court costs and attorney fees incurred in collection. I understand a credit report will be secured.

I agree to be responsible for the conduct of my family and guests in the exercise of the privileges available, and understand that if this application is approved, I will become a member of the WINDYKE GOLF ASSOCIATION, an unincorporated nonprofit association.

I agree to observe, be bound by, and subject to all the by-laws, rules and regulations now in force and those which may be legally adopted by the Association and/or the owner of the facility, and agree that if for any infraction thereof my privilege to use the facility and membership in the Association may be terminated. I understand the Membership fee is non-refundable.

I agree to give a thirty-days written notice for cancellation of my membership.

THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature of Applicant _____ Date _____

How did you hear about us?			
_____ Website	_____ Flyer	_____ WCC Member	_____ Email
_____ Flyer	_____ Radio Ad	_____ Other: _____	