



**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 INTERMEDIATE 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: _____	