



Ayden Golf and Country Club  
 4343 Ayden Golf Club Road  
 Ayden, NC 28513      252.746.3389  
[sales@aydengolf.com](mailto:sales@aydengolf.com)

Membership Type Applying for:

\_\_\_Executive (\$132)    \_\_\_Young Professional (\$75)    \_\_\_Pro-Am (\$30)    \_\_\_Pool & Tennis Only

Full Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (for AGCC business purposes only) \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Dependent children living at Home IF APPLICABLE		REFERENCES: (Must have two)	
Name	Age	Name: _____	Address: _____
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	Phone: _____	_____
4. _____	_____	Name: _____	_____
5. _____	_____	Address: _____	_____
6. _____	_____	_____	_____
7. _____	_____	Phone: _____	_____

I hereby apply for membership in the AYDEN GOLF & COUNTRY CLUB, INC. If I am accepted for membership, I agree to comply with the Constitution By Laws and rules of the AYDEN GOLF & COUNTRY CLUB, INC. (IF APPLICABLE: I understand that I will not be an active member to include voting rights until granted a membership certificate by the Board of Directors and all monies associated this membership are paid in full.)

I also understand that this application is my personal commitment to be an active member of AGCC for a minimum of one (1) calendar year. If this requirement is not met, the remaining dues for the calendar year will have to be paid in full within thirty (30) days. Along with this application is my non-refundable application fee of **\$50.00** that activates my membership until approved by the AGCC Board of Directors.

Signatures of recommending members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF APPLICANT/PARENT/GUARDIAN

\_\_\_\_\_  
 DATE

**FOR AGCC USE ONLY**

**MEMBERSHIP COMMITTEE REPORT ON MEMBERSHIP APPLICATION OF:**

**NAME:** \_\_\_\_\_ **DATE OF REPORT:** \_\_\_\_\_

**FINDINGS OF THE COMMITTEE:** (Attach all other written information and use additional pages if necessary)

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**RECOMMENDATION OF THE COMMITTEE:** \_\_\_\_\_

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\_\_\_\_\_  
**EFFECTIVE DATE OF MEMBERSHIP**

\_\_\_\_\_  
**MEMBERSHIP COMMITTEE CHAIRMAN**

\_\_\_\_\_  
**\*\*MEMBERSHIP COMMITTEE MEMBER**

\_\_\_\_\_  
**\*\*MEMBERSHIP COMMITTEE MEMBER**

**\*\*NOTE:** At least two (2) members of the Membership Committee, in addition to the chairman, must sign above to validate this report.

**RECIEVED BY:** \_\_\_\_\_ **DATE RECEIVED:** \_\_\_\_\_

**APPLICATION FEE CHECK NUMBER:** \_\_\_\_\_ **PHOTO COPY RECORDS DATE:** \_\_\_\_\_

**APPLICATION COMPLETION DATE:** \_\_\_\_\_