

# WESTPORT ALL INCLUSIVE MEMBERSHIP APPLICATION

## Golf, Tennis, Fitness, Pool & Social Membership

Please complete the application and forward it along with a check and/or credit card information. If the Monthly or Quarterly billing option

is chosen, first and last payment must be paid in advance. Monthly and Quarterly dues will be charged to your credit card.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**INITIATION FEE: \$500.00**  Paid and date \_\_\_\_\_

### TYPES OF MEMBERSHIPS AND MONTHLY FEES

All Inclusive Membership – Family \$188/month  All Inclusive Membership – Single \$168/month

(Please list Spouse and/or Children Below)

All Inclusive Senior Family (60 and Over) \$168/month  All Inclusive Senior (60 & Over) – Single \$148/month

(DOB \_\_\_\_\_) (DOB \_\_\_\_\_)

Make Checks Payable to: The Club at Westport -**Must Include a Voided Check for monthly payment**

Credit Card \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date  
\_\_\_\_\_ CVC # \_\_\_\_\_

Credit Card Charge Authorized Signature

\_\_\_\_\_

**WESTPORT GOLF CLUB/THE CLUB AT WESTPORT – MEMBERSHIP GUIDELINES**

! All-inclusive memberships include free greens fees, court fees, fitness & pool. Members must pay \$16.00 cart fee & \$15 ball machine fee upon usage.

! Family Memberships include a primary member, spouse and eligible children residing at the same mailing address. Children

23 years of age or younger who are still in school as full time students are eligible.

! All Memberships are annual membership commitments; no refunds are available.

! Resignation requires 30 day notice in writing.

! Proof of Age may be required for Senior Membership Plans.

! Members must adhere to all Club policies. Failure to adhere to policies may result in revocation of membership.

! Westport Golf Club/The Club at Westport may host special events and functions periodically that may limit golf, tennis or pool availability to members.

Age: \_\_\_\_\_

Spouse: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Mail Completed Application with payment to The Club at Westport, 2525 Shanklin Ln • Denver, NC 28037

Visit us on the web: [www.westportgc.com](http://www.westportgc.com) or [www.theclubatwestport.com](http://www.theclubatwestport.com)

**OFFICE USE ONLY Please attach copy of check to application!!**

**Application taken by:**

\_\_\_\_\_

**Date Application & Payment Received:** \_\_\_\_\_ **If paid by check: Check No.**  
\_\_\_\_\_ **Amount:** \_\_\_\_\_

**Charged on** \_\_\_\_\_ **for the amount of** \_\_\_\_\_ **by**  
\_\_\_\_\_ **Member File made:** ☐