

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: \$250.00 Paid and date _____

TYPES OF MEMBERSHIPS AND ANNUAL FEES

- | | |
|---|---|
| <input type="checkbox"/> Golf Membership – Family \$1,420
(Please list Spouse and/or Children below) | <input type="checkbox"/> Golf Membership –Single \$1,060 |
| <input type="checkbox"/> Senior (60 & Over) – Family \$1,300
(DOB _____) | <input type="checkbox"/> Senior (60 & Over) –Single \$880 |

Billing Options: Annually Quarterly** Monthly**

****There will be a \$10.00 fee per transaction charged for Quarterly and Monthly Payments**

Make Checks Payable to: **Westport Golf Club**

Credit Card _____ Credit Card # _____ Expiration Date _____

Credit Card Charge Authorized Signature _____

WESTPORT GOLF CLUB – 2008 MEMBERSHIP GUIDELINES

- All golf memberships include free greens fees. Members must pay \$15.00 cart 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 student or Senior Membership Plans.
- Members must adhere to all Club policies.
- Westport Golf Club may host special events and functions periodically that may limit golf course availability to members.

	Age:
Spouse: _____	_____
Child: _____	_____
Child: _____	_____
Child: _____	_____

Mail Completed Application with payment to: Westport Golf Course • 7494 Golf Course Drive, S • Denver, NC 28037

Visit us on the web: www.westportgc.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: _____