

Ayden Golf and Country Club 4343 Ayden Golf Club Road

Ayden, NC 28513

252.746.3389

sales@aydengolf.com

comply with the Constitution By Laws and rules of the AYDEN GOLF & COUNTRY CLUB, INC.(IF APPLICABLE: I	Membership Type Appling for:			
Spouse's Name: Home Address:	Executive (\$132)	Young Profess	ional (\$75)Pro-Am (\$30)Pool & Tenr	is Only
Home Address:	Full Name:		DOB:/	
Home Address:	Spouse's Name:			
E-mail Address (for AGCC business purposes only) Your Occupation: Spouse's Occupation: Dependent children living at Home IF APPLICABLE Name Age Name: Address: 2. 3. Phone: Name Address: 6. 7. Phone: Name 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 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:				_
Spouse's Occupation: Spouse's Occupation:	Home Phone: ()	Busine	ess Phone: (
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Dependent children living at Home IF APPLICABLE Name Age Name: Address:	Your Occupation:			
Name Age Name:	Spouse's Occupation:			
Name Age Name:				
Address: Phone:	Dependent children living at Home IF	APPLICABLE	REFERENCES: (Must have two)	
2	Name	Age	Name:	
2	1		Address:	
3				
4			Phone:	
5				
6			Address:	
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	2		DATE	
3				
	3			

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)		
PECOMMENDATION OF THE COMMITTEE.		
RECUMINENDATION OF THE COMMITTEE.		
EFFECTIVE DATE OF MEMBERSHIP	MEMBERSHIP COMMITTEE CHAIRMAN	
	**MEMBERSHIP COMMITTEE MEMBER	
	**MEMBERSHIP COMMITTEE MEMBER	
**NOTE: At least two (2) members of the Member	ership Committee, in addition to the chairman, must sign	
above to validate this report.	rship Committee, in addition to the chairman, must sign	
RECIEVED BY:	DATE RECEIVED:	
APPLICATION FEE CHECK NUMBER:	PHOTO COPY RECORDS DATE:	
APPLICATION COMPLETION DATE:		