



Deep Springs Golf and Country Club, Inc.

P.O. Box 747

Madison, NC 27025

336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests. I understand that a one year minimum commitment is required and early cancellation of less than the one year minimum is subject to a \$500.00 penalty. Upon cancellation, I also agree to provide a written 30 day notice.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Membership Requested _____

Signed _____ Date: _____

If referred by a current Deep Springs member, identify member's name:

PLEASE PRINT

TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.

_____ Date: _____

I am a new member of Deep Springs Golf and Country Club

I am a returning member of Deep Springs Golf and Country Club

Year originally joined in _____

If any changes occur in your marital status or children are added to your family please inform the administrative office.

TO BE COMPLETED BY APPLICANT:

(Please type or print in ink)

1. Name _____ Date of Birth _____

2. Home Address _____ Years Resided _____

3. City _____ State _____ Zip _____

4. Employer _____ Years Employed _____

5. Employer Address _____ Position _____

6. Home Phone _____ Business Phone _____

Mobile Phone _____

7. Primary Member Email Address _____

8. Former Home Address (if your residence has changed to this area within the last 24 months)

9. Former Employer _____ Years employed _____

10. Former Employer Address _____

11. Married _____ Single _____ Spouse's Name _____ Birthdate _____

Spouse Email Address _____

Spouse Mobile Phone _____

Anniversary Date _____

12. Names and birth dates (last name if different from yours) of all children unmarried, under 22 or full time student, living at your above residence.

13. Past or present club connection (if any) _____

14. Bank Reference _____

15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.

16. All club bills to be e-mailed unless otherwise noted: _____

Please complete the following in order to help us better serve you as a member:

Primary Interests of the Primary Member _____

Favorite Drink _____ Favorite Food _____

Golfers: Shoe size _____ Pant Size (waist and length) _____

Shirt Size _____ Favorite Color _____

Primary Interests of the Spouse _____

Favorite Drink _____ Favorite Food _____

Golfers: Shoe size _____ Pant Size (waist and length) _____

Shirt Size _____ Favorite Color _____

TO BE FILLED IN BY THE CLUB

Date Membership Application Received by Club _____

Action of Membership Committee:

Recommended _____ Not Recommended _____

Date _____

Signed _____
Chairman of Membership Committee

Date Posted _____ Removed From Posting _____

Action of Board of Directors:

Approved _____ Rejected _____ Date _____

Signed _____
President of the Club

Date Processed: _____

Deposit Amount Enclosed: _____ Rec'd Date _____

Total Membership Dues: _____

1st Installment _____ Rec'd Date _____

2nd Installment _____ Rec'd Date _____

Designated Club Member #: _____

Deep Springs Homeowner: Yes / No

Paid in Full Amount: \$ _____

Transferable Membership: Yes / No Transferable \$ Amount: \$ _____