

**CYPRESS LANDING GOLF CLUB
APPLICATION FOR MEMBERSHIP - 2010**

MEMBER TYPE: _____ **GENERAL** **ASSIGNED#** _____
(PLEASE PRINT)

NAME _____

ADDRESS _____ **Home Phone** _____

CITY, STATE, ZIP _____ **DOB** _____

EMAIL ADDRESS: _____

CYPRESS LANDING RESIDENT—LOT # _____ **NON-RESIDENT** _____

In accordance with Section 6.03 of the Club by-laws, I request as part of my membership that access to Club facilities be extended to Spouse/Life Partner _____ and dependents living with me under 21 years of age or full time college students under 25 years of age _____ (Please provide first and last name for each).

INITIATION FEE \$3000.00 Must accompany application.

MONTHLY DUES \$ 204.00

Mail application to: Cypress Landing Golf Club, 600 Clubhouse Rd., Chocowinity, NC 27817

IF ACCEPTED I/WE AGREE TO ABIDE BY THE RULES AND BYLAWS AS SET FORTH BY THE BOARD OF GOVERNORS AND WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED AT CYPRESS LANDING GOLF CLUB.

SIGNATURE _____ **DATE** _____

*****If you were referred by a CLGC member, print that member's name**

Referring CLGC member's signature _____

and membership ID _____.