

**CYPRESS LANDING GOLF CLUB
MEMBERSHIP APPLICATION**



Select One Category:

- General
- Copper
- Weekend
- Social

Select:

- Family
- Individual

CLGC Membership # _____

Applicant Information

Name: _____

Address: _____

Phone Number:(H) _____ (M) _____

Email Address: _____

CL Lot #: _____ (if applicable) Date of Birth: _____

If "Family" membership, in accordance with Section 6.03 of the Club By-Laws, please provide name of Spouse/Life Partner: _____, and any dependents living with you who are under 21 years of age or are fulltime students under 25 :

Membership Adjustment:

- Realty Advantage (If checked, provide Realtor Name, Office, phone Number and date of House purchase)

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: _____

Submit the completed application to: CLGC Business Manager, 600 Clubhouse Rd. Chocowinity, NC 27817

Any questions about the application please call the CLGC Business Manager at 252-946-7788, Ext 4

Membership Approved at _____ BOG Meeting. BOG Secretary Signature: _____