



# Application for Membership South Granville Country Club

P. O. Box 721 Creedmoor, North Carolina 27522

**OFFICE USE**  
Membership# \_\_\_\_\_  
Date Received \_\_\_\_\_

REVISED: 10/23

Please Print Legibly

**Application type:** Please select a membership type.

Junior 18-27     Single Adult 28-61     Single Senior 62+     Family 61 under     Senior Family 62+

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Cell \_\_\_\_\_ Spouse's Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ (optional)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email\* \_\_\_\_\_

Spouse's Email\* \_\_\_\_\_

*\*The clubs' primary form of correspondence is done through email. Please provide a valid email address.*

*Privacy Statement: South Granville Country Club, Inc does not sell or provided to others any personal information provided in this application.*

### **Family members included in this membership:**

**Membership is limited to applicant(s) and spouse, or partner and dependent children who reside in the same residence. Your child(ren) must be unmarried, younger than 19 years old or be a fulltime student younger than 24 years old as of the end of the calendar year. There is no age limit if your child is permanently disabled.**

PLEASE LIST THE NAME AND AGE OF ALL QUALIFYING FAMILY MEMBERS

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

This application shall be accompanied with a check payable to the South Granville Country Club in the amount of \$\_\_\_\_\_ for your first month's membership dues. If payment is made by credit card, please attach a copy of the receipt.

**MEMBERSHIP DUES ARE PAID IN ADVANCE and payment hereafter MUST be received no later than the 10<sup>th</sup> day of each month.** (Dues may be paid quarterly or annually with permission)

**I (We) hereby request membership in South Granville County Club, Inc. This membership is for a period of no less than 12 consecutive months commencing on the activation date recorded below. At the end of the 12-month period, this membership will automatically renew on a month-to-month basis. The Board of Directors, in accordance with the bylaws, may change the membership dues on an annual basis and will provide 30 days notification of such changes. It is further understood and agreed that I (We) will obey all bylaws, rules and regulations as set forth by South Granville County Club, Inc. Any bylaw, rule or regulation violation is subject to membership suspension or revocation without refund.**

**I (We) agree to pay the monthly membership dues for a minimum of 12 months.**

\_\_\_\_\_ Initial

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

This application will be considered for acceptance at the next regular meeting of the **Board of Directors** and the applicant will be notified of the **Board's** decision. Immediate membership is granted on a probationary status until the application is approved by the Board. Please enjoy all the activities and facilities of the club (pool, golf course and banquet facilities) at member rates.

**FOR CLUB USE ONLY**

Date Considered for Membership \_\_\_\_\_ Activation date \_\_\_\_\_

**Board Member Signature**

\_\_\_\_\_