

Membership Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Member Information

<b>Primary Name</b>		
(Last)	(First)	(Nickname)
Title <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Rev. <input type="radio"/> Col. <input type="radio"/> Other		
Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed		
Birthday ____/____/____		Wedding Anniv. ____/____/____
<b>Education:</b>		
High School	College/Undergrad.	Graduate/Other
Graduation Year	Graduation Year	Graduation Year
	Degree	Degree

<b>Secondary Name</b>		
(Last)	(First)	(Nickname)
Title <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Rev. <input type="radio"/> Col. <input type="radio"/> Other		
Birthday ____/____/____		
<b>Education:</b>		
High School	College/Undergrad.	Graduate/Other
Graduation Year	Graduation Year	Graduation Year
	Degree	Degree

<b>Dependent Children</b>		
(under 23 years old, unmarried, living at home or attending school) Add last name, if different from Primary's		
Name	Birthday	Gender
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Household Information

Primary Street Address		
City	State	Zip
<input type="radio"/> Own <input type="radio"/> Rent	Years at Address:	
Phone (Select Primary Contact Phone Number):		
<input type="radio"/> Phone (Home) (____) _____		
<input type="radio"/> Phone (Other) (____) _____		
Primary E-mail for Club Notices		

## Employment Information

<b>Primary's Current Employer</b>		
Type of Business/Organization		
Employer's Street Address		
City	State	Zip
Job Title	Years with Employer	
Contact Name	Contact Phone (____) _____	
Primary's Previous Employer	City	State

<b>Secondary's Current Employer</b>		
Type of Business/Organization		
Employer's Street Address		
City	State	Zip
Job Title	Years with Employer	
Contact Name	Contact Phone (____) _____	
Secondary's Previous Employer	City	State

## Gates Four Membership Sponsor

Name (Last)		(First)
Address		
City	State	Zip
Member's Signature		

## References

<b>Credit References (3 required)</b>		
Company Name	Phone	Your Account #
Company Name	Phone	Your Account #
Company Name	Phone	Your Account #

<b>Previous Street Address</b>		
City	State	Zip

## Other Club Affiliations

Club Name	City	State	Still Have a Membership?
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N

## Members' Areas of Interest (check all that apply)

- Golf Lessons       Golf Tournaments       Golf Group  
 Tennis Lessons       Youth Tennis Team       Wine Club  
 Adult Tennis Team       Tennis Group       Fitness Training  
 Pump Class       Zumba™ Class       Youth Swim Team  
 Unlimited Golf Balls for Driving Range  
 Food & Beverage Events

### Groups:

- Kids (ages 5-12)       Middle School (ages 11-14)  
 Teen (14-18)       Pre-school (up to age 5)  
 Book Club       Men's Card Clubs  
 Ladies' Cards Clubs       Craft Club       Military  
 Other \_\_\_\_\_

## Authorizations

### Credit Check Authorization

- I/We hereby authorize Gates Four Golf and Country Club to contact the employers and references and gain credit reports for the purpose of seeking further information as deemed necessary by the Club. I/We understand that the club does not assume any obligation to act upon this application, nor will there be any obligation on my/our part to join if invited.

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Primary's Social Security Number

### Acceptance of Club Rules & Regulations

- I/We further agree to abide by the Rules and Regulations of Gates Four Golf and Country Club. In the event the managers of the Club determine that any members of my/our family or guests have violated any of the Club's rules and regulations, I/we may be subject to immediate suspension or permanent loss of privileges at the Club. I/we will pay all charges, fees and dues associated with my/our Club membership through the end of the year during which we are resigning.

\_\_\_\_\_  
Primary's Signature                      Date

\_\_\_\_\_  
Secondary's Signature                      Date



*Gates Four*  
GOLF AND COUNTRY CLUB

6775 Irongate Drive  
Fayetteville, NC 28306

Clubhouse

910.425.6667

## Official Use Only

To Be Completed by Club Management  
& Membership Committee

### Members' Names

\_\_\_\_\_  
(i.e. Mr. & Mrs. John Smith)

### Residency Status (Check One)

- Gates Four Resident       Non-Gates Four Resident

### Membership Class

### Gates Four Residents (Check One)

- Developer  
 Resale Home Purchaser  
 Existing Resident Joining/Rejoining

### Fees & Deposits

Initiation/Reinstallment Fee.....	\$	_____
Membership Transfer Fee .....	\$	_____
Security Deposit.....	\$	<b>500</b>
Monthly Food Minimum .....	\$	<b>40</b>
Total Fees .....	\$	_____

### Form of Payment and/or Schedule of Payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Membership Approval:

\_\_\_\_\_  
Membership Committee Member                      Date

\_\_\_\_\_  
Club Management                      Date

\_\_\_\_\_  
Membership Account Number



*Gates Four*  
GOLF AND COUNTRY CLUB

MEMBERSHIP APPLICATION