I agree to all terms set forth and agreed upon with the Membership Committee, General Manager and Board of Directors. Attached is my check for the amount of my Initiation Fee and first year's dues. If I am not approved for membership or elect not to accept the membership within 30 days of the date offered, I will have all monies returned to me. In addition, I authorize High Meadows Golf & Country Club to obtain my consumer credit report and complete a criminal background check as part of the application process as HMG&CC deems necessary.

I hereby certify that all information is true and correct to the best of my knowledge and that it is submitted for the purpose of obtaining membership in the High Meadows Golf & Country Club, and understand that falsification of the information may result in forfeiture of my membership. It is understood that this information is for the use of the officers and members of the membership committee of the club and will be kept confidential. Said officers are hereby authorized to contact any references necessary to complete this process. I also acknowledge that we have read and agree to abide by the club's bylaws and rules.

Candidate Signature:					
Date:					
Accepted by:					
HMG&CC Membership Committee representative					
Date:					
Board of Directors' Action:					
Approved/Denied	Date				
For Club Use Only:					
Initiation FeeCheck #	Amount				
Annual Dues Check #	Amount				
Monthly Dues Check #	Amount				
Lot Purchased:					
Candidate Certificate Issued Number:					
Date Issued:					
From Whom:					
Old Membership Certificate (Cancelled) Number & Date:					
Transfer Fee (Date Paid):					
Membership Initiation Fee (Date Paid):					
Current Years Dues Paid (Date & By Whom):					
Other Fees (Past Dues; Assessments, etc.) (Date Paid):					



Dear Prospective Member,

Thank you for your interest in membership at High Meadows Golf & Country Club. Enclosed, please find an application for membership. The membership application must be fully completed with 2 member sponsors/endorsers as part of the membership application process.

Upon receipt of the required information, the prospective member may be interviewed by a representative from the Membership Committee. The application is then reviewed and voted upon by the Board of Directors. Once a decision is made by the board, the applicant will be contacted by the General Manager.

Thank you again for your interest in High Meadows Golf & Country Club. We look forward to assisting you throughout the membership approval process. Please feel free to contact us directly with any questions you may have regarding the enclosed information. We invite you to visit our website www.highmeadowscountryclub.com to see all we have to offer our members, friends and families.

Sincerely,

Mark Updike General Manager / COO

High Meadows Golf & Country Club Roaring Gap, NC 28668 336-363-2622 mark@highmeadowscountryclub.com



Active Golf	Associate	Social	Corporat		Country Dining
Candidate's Name:			Birth	Date:	
Marital Status:	_ Married S	Single	_ Separated	Divorced	_ Widowed
Spouse:				Birth Date:	
Dependent:				Birth Date:	
Dependent:				Birth Date:	
Dependent:				Birth Date:	
Current Street Addres	98:				
City		State	_ Zip	Years at this addre	ess:
Home Telephone #:		C	ell Telephone #:_		
E-mail (Most often used	l):				
Alternative E-mail:					
	do not want to stay i	nformed by e	-mail:		
Please advise us if you d					
•	:				
Second Street Address					ss:
Please advise us if you de Second Street Address City Home Telephone #:		State	Zip		ss:
Second Street Address City Home Telephone #:		State	Zip	Years at this addre	ss:
Second Street Address City Home Telephone #: Bank References:		State	Zip	Years at this addre	ss:
Second Street Address City Home Telephone #: Bank References: High Meadows Estates	s information if app	State	Zip	_Years at this addre	
Second Street Address City Home Telephone #: Bank References: High Meadows Estates Property Purchased From	s information if app	State	Zip	_Years at this addre	
Second Street Address City Home Telephone #:	s information if app m:	State	Zip	_Years at this addre	

Name of Employer/Business:	Occupation:	
Employer Address:		
Business Telephone #:	Ext.:	
Civic Affiliations:		
Other/Prior Club Memberships:		
Member Sponsor/Endorser: (Print and Sign)		
#1		
Signature	Printed Name	
#2		
Signature	Printed Name	

Interests:	Applicant	Spouse	Children
Golf			
Tennis			
Swimming			
Fine Dining			
Wine			
Fitness			
Family Events			
Cooking Demo			
Lunch Lectures			
Childrens Camps			
Fashion Shows			
Meeting Facilities			