

Roxboro Country Club
Membership Application & Personal Information

Member Name:		Date of Birth:	
Spouse Name:		Date of Birth:	
Dependents:		Date of Birth:	
		Date of Birth:	
		Date of Birth:	
		Date of Birth:	

Mailing Address: _____

Email Address(es): _____

Preferred Phone Number(s): _____

Membership Type and Rates (Check One):

Social Membership: \$75/month		Pool Only: \$300 annually	
Resident Family (Golf, Tennis, Social): \$90/month		Resident Single (Golf, Tennis, Social): \$75/month	
Non-resident Family (outside 40 miles): \$70/month		Non-resident Single (outside 40 miles): \$50/month	
Senior (55 & over): \$75/month		Corporate (4 Employees): \$1000/month	
Walking Membership: \$35/month			

Additional Prices (Check One):

Large Locker: \$25/year _____

Small Locker: \$15/year _____

Please choose how you would like to pay dues and how often:

How: Billed _____ Drafted _____ **How Often:** Monthly _____ Quarterly _____ Annually _____

(If you would like your dues to be drafted, you must go to Roxboro Savings Bank and speak to Sandy Clayton. You will need to give her a voided check and sign a card.)

With my signature, I understand that I am entering an agreement with Roxboro Country Club for the duration of at least 12 months, and agree to adhere to all rules and by-laws set forth by the Board of Directors.

Member Name: _____

Date: _____

