



APPLICATION FOR MEMBERSHIP

I, _____ hereby request membership to the Wichita Falls Country Club
this _____ day of _____ 20_____ and promise to abide by all rules and regulations of this Club.

Check membership type desired:

- Stock (Equity Golf) Junior (oldest must be under age 40) Super Junior (ages 21-32 years) Clubhouse
- Equity 24 Junior 24 (oldest must be under age 40) Clubhouse24 Racquet24
- Non-Residential Golf Non-Residential Social

Active Military: Yes or No | Corporate Membership: Yes or No

All applicants must be sponsored by a Stockholding member and endorsed by two other members in good standing.

Sponsoring Member _____ Member # _____
 Endorsed by _____ Member # _____
 Endorsed by _____ Member # _____

All prospective members must be approved by the Membership Committee and the Board of Governors.

Acknowledgement

- I understand that upon applying for and receiving membership in the Wichita Falls Country Club, all fees are to be submitted with the membership application.
- If, for any reason, I choose to resign from my membership, I understand and agree to pay in full all fees still owed.
- I understand that as part of my monthly dues, all membership applications are bound by a monthly capital fee of \$66.67 which is included in my advertised membership cost.
- I understand that if I purchase an introductory membership (24), it will also include a member services fee, which is already included in my advertised membership cost.
- I agree that this contract is for a period of ____ months. If I decide to resign before the contract term is up, I will need to provide written notice of resignation and I will owe all remaining monthly dues and fees under the signed contract.
- The WFCC will not tolerate any behavior by any individual on the premises of the WFCC that is considered inappropriate, abusive, or threatening towards another person, their property, or the property of the WFCC. Such behavior will be considered a violation of these Rules and Regulations and/or the Bylaws of the WFCC. Appropriate action, as defined within the Bylaws, Article V Section X through XII, will be followed.
- I understand that my membership category might offer limited access to club services. If I wish to access additional amenities, I understand I will need to elect a different membership category.
- I understand that the Racquet24 membership provides usage privileges exclusively at the Racquet Club and Pool. To access any additional Club amenities, I must elect a different membership category. If I do not elect another membership category, I understand that my membership number will restrict access to all areas beyond Racquets and the Pool and will not allow use of Food & Beverage, Golf, or Fitness. If usage is incurred, a \$50 fee will be assessed each time.
- Violating club membership policy will be subject to disciplinary action by the Board of Governors, which could result in termination of membership.

PERSONAL DATA

Full Name		SSN	
E-Mail		D/L #	
Birthdate		Home Address	
City & State		Zip code	
Cell Phone		Work Phone	
Spouse's Name		Anniversary	
Spouse's E-Mail		Home Phone	
Spouse's Birthdate		Mobile Phone	

Business or Profession		Business Phone	
Company Name		Position	
Company Address		City, State, Zip	

ANY UNMARRIED CHILD LIVING IN THE HOUSEHOLD UNDER THE AGE OF 25 QUALIFIES AS A MEMBER OF "IMMEDIATE FAMILY."

Name	Date of Birth	Current Age	Sex	Comments

ADDITIONAL MEMBER OPTIONS (List quantity by each option desired*):

Men's Full Locker: \$110 Yearly _____

Men's Half Locker: \$60 Yearly _____

Women's Locker: \$60 Yearly _____

Wine Locker: \$180 Yearly _____

Golf Club Storage: \$15 Monthly _____

Tennis Locker: \$10 Monthly _____

Request for a member option does not guarantee it will be received. It is pending availability. Locker/Storage fees are non-refundable once cancelled.

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Application for Membership

PAYMENT

I authorize the Wichita Falls Country Club to initiate debit entries to the following bank account or credit card for payment of my monthly statement. I understand that I will receive my monthly statement via the method I choose and that I take full responsibility to review my statement for accuracy and immediately report any errors or corrections to the administration office. The amount debited from my designated bank account will be for the balance due each month. I further understand that in the event my bank account or credit card has insufficient funds or limit restrictions to cover the monthly payment amount, or is rejected due to account closed status or other account changes, a \$40 fee will be assessed and debited from my bank account or credit card in addition to the monthly payment due. Credit cards are subject to a convenience fee of 3%. It is my duty to notify the administration office at the Wichita Falls Country Club by the 1st of the month of any changes to my designated bank account or credit account to avoid automatic debit disruption.

BANK ACCOUNT INFORMATION

BANK NAME	NAME ON ACCOUNT	ROUTING #	ACCOUNT #	ACCOUNT TYPE
				Checking [] Savings []

CREDIT CARD INFORMATION

NAME ON CARD	ACCOUNT #

EXPIRATION	CC ZIP CODE	CVV #	CARD TYPE
			MC [] Visa [] AE [] Other []

I attest the information contained herein is true and correct and give my permission to debit these accounts.

Name _____ Signed _____ Date _____

CLUB USE ONLY

Date received _____ Date Posted _____ Approved/Declined by Membership _____

Ratified by BOG _____ Member # _____

Monthly Statement sent to: Home Business E-Mail

Other Correspondence sent to: Home Business E-Mail

Initiation Fee	\$ _____	Tax	\$ _____
Stocks are	\$ _____	Total Monthly Dues	\$ _____
1 st Month Dues	\$ _____	Payment Rcv'd.	\$ _____
Additional Fees	\$ _____	BALANCE DUE	\$ _____
Subtotal	\$ _____		

NOTES: