

Whiskey Creek Country Club, Inc.

Membership Application

Name(s) _____

Florida Address _____ Zip _____

Cell Phone _____ Home Phone _____

Out of State Address _____ Zip _____

Email: _____

Occupation(s) or Former Occupation(s) _____

Club Affiliations _____

Personal References/Referral(s) _____

How did you hear about Whiskey Creek C.C. _____

Type of Membership _____

(Specify – Regular, Associate, 6 Month Seasonal, Summer, Social)

Whiskey Creek Country Club, Inc. Board of Directors

must approve all applications for Membership.

I (We) understand that all dues paid shall be non-refundable. (Article VI Section 2)

I (We) agree to abide by all rules, regulations and By-Laws of WCCC

Date: _____ Signature _____

Signature _____

APPROVED BY: _____

Office to fill in

Member Number: _____