

	2021 APPLIC	CATION F	OR ME	MBERSHIP		
NAME:	YEAR OF BIRTH					
SPOUSE:				YEAR OI	BIRTH	
ADDRESS:						
CITY:				STATE:	ZIP:	
PHONE:		PHC	ONE SPOUS	SE:		
EMAIL:						
EMAIL SPOUSE:						
FAMILY MEMBERS (LEG	GALLY DEPENDENT CHILDR ME A	EN)		<u>NAME</u>		<u>AGE</u>
1.		3.				
2.		4.				
	Annual Mo	embership	Type (s	elect one)		
Single Adult Age 23-30 Single Adult Age 31-39 Single Adult Age 40+ Married Couple Family (children through Intermediate age) Intermediate (age 18 – 21) Junior (age up to 18) Age determined as of January 1 of				<u> </u>	ssment ssment essment essment	
Locker Renta	ıl pership for WCC Member	\$40 \$150		Golf Bag Storage Golf Bag & Cart Sto	rage	\$100 \$125
	uch membership, I agre Club, and be subject to				_	and Policies
Applicant signature(s	)				Date	
					Date	
Members remai	n liable for dues and fees an	nually until wr	ritten notice	e of resignation is pres	sented to the	club.