



2024 APPLICATION FOR MEMBERSHIP

NAME: _____ DATE OF BIRTH ___/___/___

SPOUSE: _____ DATE OF BIRTH ___/___/___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ PHONE SPOUSE: (____) _____ - _____

EMAIL: _____

EMAIL SPOUSE: _____

FAMILY MEMBERS (LEGALLY DEPENDENT CHILDREN)

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

ANNUAL MEMBERSHIP TYPE (SELECT ONE)

	Dues
___ Single Adult Age 23-30	\$ 990 + \$100 Assessment
___ Single Adult Age 31-39	\$1650 + \$100 Assessment
___ Single Adult Age 40+	\$2475 + \$100 Assessment
___ Married Couple	\$4025 + \$200 Assessment
___ Family (children through Intermediate age)	\$4135 + \$200 Assessment
___ Senior Adult	\$1975 + \$100 Assessment
___ Senior Married Couple	\$2990 + \$200 Assessment
___ Intermediate (Age 18-22)	\$440 + \$50 Assessment
___ Junior (Age up to 18)	\$275 + \$50 Assessment
___ Corporate	\$5500

Age determined as of January 1 of the current golf year.

Proof of age or school enrollment required.

Other Amenities Annual Fee

___ Locker Rental	\$40	___ Golf Bag Storage	\$100
___ Range Membership for WCC Member	\$150	___ Golf Bag & Cart Storage	\$125

In consideration of such membership, I agree to abide by the By Laws, Rules and Regulations and Policies of the Club, and be subject to all their provisions, conditions, and limitations.

Applicant signature(s) _____ Date _____

_____ Date _____

Members remain liable for dues and fees annually until written notice of resignation is presented to the club.