

# The Country Club of Johnston County, Inc.

694 Country Club Road  
Smithfield, North Carolina 27577

## 2017 MEMBERSHIP APPLICATION

(1) Date of Application \_\_\_\_\_

(2) Date of Acceptance \_\_\_\_\_

(3) Type of Membership:

Full Member

Out Of County Member

Junior Member

Social Member

Corporate Member (Requires Alternate Application)

(4) \_\_\_\_\_  
Applicants Last Name                      Applicants First Name                      Date of Birth

(3) \_\_\_\_\_  
Address: Street and Number              City                      State                      Zip Code

(4) \_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone                      Email Address

(5) \_\_\_\_\_  
Name of Spouse                      Date of Birth                      Email Address

(6) Children:              Name                      Date of Birth                      Name                      Date of Birth  
\_\_\_\_\_  
\_\_\_\_\_

(7) \_\_\_\_\_  
Employer                      Position Held

(8) (The Club prefers that account balances be paid by electronic draft in order to save paper work and expense of handling. Please enter the following information:

(9) \_\_\_\_\_  
Name of Bank                      City                      Bank ABA Number:      Checking Account Number

Payment:    Draft on the 10th       Draft on the 17th       Manual Payments

Membership requires one year Minimum Cancellation after the year requires a 30 day written notice.

By signing below I agree to the codes of conduct and rules mandated by CCJC.

(10) \_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Spouse (Signature)