

P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Membership Requested			
Signed_	Date:		
If referr	If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT		
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.			
	Date:		
	I am a new member of Deep Springs Golf and Country Club		
	I am a returning member of Deep Springs Golf and Country Club		
	Year originally joined in		

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Membership Requested			
Signed_	Date:		
If referr	If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT		
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.			
	Date:		
	I am a new member of Deep Springs Golf and Country Club		
	I am a returning member of Deep Springs Golf and Country Club		
	Year originally joined in		

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Membership Requested			
Signed_	Date:		
If referr	If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT		
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.			
	Date:		
	I am a new member of Deep Springs Golf and Country Club		
	I am a returning member of Deep Springs Golf and Country Club		
	Year originally joined in		

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Me	mbership Requested	
Signed	Date:	
If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT	
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.		
	Date:	
	am a new member of Deep Springs Golf and Country Club	
l a	am a returning member of Deep Springs Golf and Country Club	
Ye	ear originally joined in	

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Me	mbership Requested	
Signed	Date:	
If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT	
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.		
	Date:	
	am a new member of Deep Springs Golf and Country Club	
l a	am a returning member of Deep Springs Golf and Country Club	
Ye	ear originally joined in	

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Me	mbership Requested	
Signed	Date:	
If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT	
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.		
	Date:	
	am a new member of Deep Springs Golf and Country Club	
l a	am a returning member of Deep Springs Golf and Country Club	
Ye	ear originally joined in	

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Me	mbership Requested	
Signed	Date:	
If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT	
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.		
	Date:	
	am a new member of Deep Springs Golf and Country Club	
l a	am a returning member of Deep Springs Golf and Country Club	
Ye	ear originally joined in	

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Me	mbership Requested	
Signed	Date:	
If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT	
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.		
	Date:	
	am a new member of Deep Springs Golf and Country Club	
l a	am a returning member of Deep Springs Golf and Country Club	
Ye	ear originally joined in	

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Me	mbership Requested	
Signed	Date:	
If referred by a current Deep Springs member, identify member's name:		
	PLEASE PRINT	
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.		
	Date:	
	am a new member of Deep Springs Golf and Country Club	
l a	am a returning member of Deep Springs Golf and Country Club	
Ye	ear originally joined in	

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if difffull time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference		
15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.		
16. All club bills to be e-mailed un	nless otherwise noted:	
Please complete the following in	order to help us better serve you as a member:	
	Member	
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	
Primary Interests of the Spouse		
Favorite Drink	Favorite Food	
Golfers: Shoe size	Pant Size (waste and length)	
Shirt Size	Favorite Color	

Date Membership Application Received by Club			
Action of Membership Committee:			
Recommended	Not Recommended		
Date			
	SignedChairman of Membership Committee		
Date Posted	Removed From Posting		
Action of Board of Directors:			
ApprovedRejected	Date		
	SignedPresident of the Club		
Date Processed:			
Deposit Amount Enclosed:	Rec'd Date		
Total Membership Dues:			
1st Installment	Rec'd Date		
2nd Installment	Rec'd Date		
Designated Club Member #:			
Deep Springs Homeowner: Yes / No			
Paid in Full Amount: \$			
Transferable Membership: Yes / No	Transferable \$ Amount: \$		



P.O. Box 747 Madison, NC 27025 336-427-4654

TO THE BOARD OF DIRECTORS:

I hereby apply for membership to Deep Springs Golf and Country Club, Inc. I agree that if elected to membership I will comply with all by-laws, rules and regulations of the Club. I also agree that I will assume all responsibility, including all indebtedness, for myself, members of my family who are entitled to use the Club, and our guests.

I hereby certify that I give Deep Springs Golf and Country Club, Inc. or their representative, the right to verify any information given on this application, or any other information that may be necessary including contacting my references, past or present employer.

Type of Me	mbership Requested			
Signed	Date:			
If referred by a current Deep Springs member, identify member's name:				
	PLEASE PRINT			
TO BE SIGNED BY 1 MEMBER OF DEEP SPRINGS GOLF AND COUNTRY CLUB, INC.				
	Date:			
	am a new member of Deep Springs Golf and Country Club			
l a	am a returning member of Deep Springs Golf and Country Club			
Ye	ear originally joined in			

1.	Name		_Date of Birth
2.	Home Address		_Years Resided
3.	City	_State	_Zip
4.	Employer		_Years Employed
5.	Employer Address		_Position
6.	Home Phone	_Business Phone_	
	Mobile Phone		
7.	Primary Member Email Address		
8.	Former Home Address (if your residence	e has changed to th	nis area within the last 24 months
9.	Former Employer		_Years employed
10.	Former Employer Address		
11.	MarriedSingleSpouse's Nar	me	Birthdate
Sp	ouse Email Address		
Sp	ouse Mobile Phone		
An	niversary Date		
	Names and birth dates (last name if diff full time student, living at your above res	,	of all children unmarried, under 22
13.	Past or present club connection (if any)		

14. Bank Reference				
15. Personal Reference (3) and addresses. If your residence has changed from another area to this area within the last 24 months, at least 1 reference should be from your previous residence.				
16. All club bills to be e-mailed un	nless otherwise noted:			
Please complete the following in	order to help us better serve you as a member:			
	Member			
Favorite Drink	Favorite Food			
Golfers: Shoe size	Pant Size (waste and length)			
Shirt Size	Favorite Color			
Primary Interests of the Spouse				
Favorite Drink	Favorite Food			
Golfers: Shoe size	Pant Size (waste and length)			
Shirt Size	Favorite Color			

Date Membership Application Received by Club				
Date				
	SignedChairman of Membership Committee			
Date Posted	Removed From Posting			
Action of Board of Directors:				
ApprovedRejected	Date			
	SignedPresident of the Club			
Date Processed:				
Deposit Amount Enclosed:	Rec'd Date			
Total Membership Dues:				
1st Installment	Rec'd Date			
2nd Installment	Rec'd Date			
Designated Club Member #:				
Deep Springs Homeowner: Yes / No				
Paid in Full Amount: \$				
Transferable Membership: Yes / No	Transferable \$ Amount: \$			