



Wayne Hills Country Club

PERSONAL INFORMATION SHEET

First Name _____ Last Name _____

Date of Birth * _____

Mailing Address Street: _____

City _____ State _____ Zip Code _____

Telephone Numbers: Home _____ Cell _____

Email Address: _____

Type of Membership _____ (Single, Family, Weekday, Twilight, Special)
Terms of Special Entry Membership

If Family Membership, please complete the following:

Spouse's

First Name _____ Last Name _____ DOB * _____

* Date of Birth (DOB) is required on family membership to select classification.

Dependent Children who will be playing: **

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

First Name _____ Last Name _____ DOB _____

If this application is accepted, I agree to abide by all the rules and regulations as set forth by the WHCC Board of Directors. I agree to pay all dues according to the schedule approved. I understand that if dues or charges are in arrears, privileges of the club will be denied until paid in full. I understand the information given to be a true statement.

Signature of Member: _____ Date: _____

** Qualifying Child is based on IRS guidelines and satisfy the following:

- Blood or adopted child, foster child, sibling or stepsibling.
- Same principal residence for more than half the year.
- Must be under the age of 19 at the end of year or under 24 if a full time student for at least 5 month of year
- Did not provide more than one-half of his/her own support for the year.