



Membership Application

Please read and complete thoroughly all fields and pages of the application.
 Incomplete applications will be returned to the applicant.

Member Information

Applicant's Name: _____ DOB: _____
 Co-Applicant's Name: _____ DOB: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell phone: Applicant: _____ Co-Applicant: _____
 WC resident? Yes or No Neighborhood: _____
 Email: _____ Would you like to be on the WC email list? Yes or No
 Applicant's Employer: _____ Work Phone: _____
 Co-Applicant's Employer: _____ Work Phone: _____
 Emergency Contact: _____ Emergency Phone #: _____

*Emergency contact name and number are required for membership with children that might be at the facility without a parent or guardian per Club rules.

All Children & Other Applicants: Please list first and last names:

(Unmarried children under the age of 23, living at home or attending school on a full-time basis).

Name: _____ DOB: ____/____/____ Relationship: _____
 Name: _____ DOB: ____/____/____ Relationship: _____
 Name: _____ DOB: ____/____/____ Relationship: _____
 Name: _____ DOB: ____/____/____ Relationship: _____
 Name: _____ DOB: ____/____/____ Relationship: _____
 Name: _____ DOB: ____/____/____ Relationship: _____

How did you hear about the Woodcroft Club?

Direct Mailing Real Estate Agent Community Association
 Friend/Neighbor: _____ Other: _____

<u>Membership Type</u>	<u>Initiation Fee</u>	<u>First Time Initiation</u>	<u>New Homeowner Initiation</u>	<u>Yearly Dues</u>	<u>Monthly Dues</u>
Full Family	\$850	\$450	\$250	\$912.00	\$76.00
Full Couple	\$650	\$300	\$125	\$731.40	\$60.95
Full Single	\$450	\$125	\$50	\$570.00	\$47.50
Golden Couple	\$100	\$70	\$50	\$348.00	\$29.00
Golden Single	\$80	\$55	\$40	\$208.80	\$17.40
Social Family/Couple	\$100	\$70	\$50	\$348.00	\$29.00
Social Single	\$80	\$55	\$40	\$208.80	\$17.40

Billing and Payment Options:

Initiation Fee may be paid by one of the following two ways, Please initial the one you prefer:

_____ 1. Cash or Check _____ 2. Credit Card (Visa or MasterCard)

Dues may be paid by one of the following two ways, Please initial the one you prefer:

_____ 1. Monthly by Electronic Funds Transfer (EFT) or Credit Card (Visa or MasterCard)

_____ 2. Yearly by Cash, EFT, Check or Credit Card

(If paying yearly by cash, EFT or check, membership must be secured with a credit card.)

Please initial in space provided:

_____ I, the undersigned Applicant, hereby agree to pay the Woodcroft Club the Membership Initiation Fee together with any applicable *Initial* sales tax, or other taxes, and the membership dues for the category of membership selected. The amount of dues for each category of membership is described on the previous page and is subject to change from time to time as set forth in the Membership Rules and Regulations Handbook.

_____ I, the undersigned Applicant, understand that I am obligated to keep a valid approved credit card on file with the Woodcroft Club at *Initial* all times. I hereby acknowledge that all dues, fees, and charges for food, beverage, merchandise, and services of the Woodcroft Club incurred by me, my family, and/or my guests will be charged to my credit card if not paid in cash or check and that I am responsible for all amounts that are not paid by the credit card company.

_____ I, the undersigned Applicant, authorize any and all charges incurred on my account with the Woodcroft Club to be charged to the *Initial* creditcard listed below. I certify that the below listed card is issued to me and I agree that all disputes on my credit card account relating to the Woodcroft Club will be promptly brought to the Woodcroft Club attention. I hereby acknowledge and authorize that any and all charges incurred on my account with the Woodcroft Club will continue to be charged unless a formal written letter of resignation is received by the Woodcroft Club per the Membership Rules and Regulations Handbook and prior to the billing dates.

I understand that my signature below authorizes the Woodcroft Club to draft my credit/debit card for the dues I owe (and the one time initiation fee if noted above), until they receive my written letter of resignation.

Card Number: _____ Exp. Date: ____/____/____ 3 Digit Security Code: _____

Card Holder Signature: _____ Date: ____/____/____

Membership Agreement Rules and Regulations: Signature shows agreement to the following rules:

It is agreed in this membership and all persons using the Club are bound by and agree to comply with all rules and regulations of the Woodcroft Club, stated in the Membership Rules and Regulation Hand Book. Management reserves the right to amend the rules periodically as deemed necessary.

It is agreed that this membership does in no way confer any ownership or liability to the Woodcroft Club property or assets. I fully understand there are risks inherent in the use of the Club facility by its nature, and I am willing to assume those risks for myself (and my family if applicable).

Please initial in space provided:

_____ I understand that all dues are non-refundable after the billing dates. Also, I understand the monthly dues will be automatically billed *Initial* to my MC/Visa unless I paid the year's dues in full. I further understand that the Woodcroft Club reserves the right to levy any late fees as well as returned check fees or declined electronic draft charges. (Please note that the above fees are subject to change periodically and I will receive written notice before this happens).

_____ I understand if I wish to terminate my membership for any reason, I must do so in writing in conjunction with the return of any and all *Initial* membership cards before the billing dates. I understand that if I choose to terminate my membership for any reason, already processed dues will not be refunded.

_____ I understand that membership is automatically renewed either annually or monthly depending on payment option. Membership is *Initial* automatically renewed unless a written letter of termination is received prior to the billing dates, which is the 1st day of every month for monthly payers or the annual renewal date. If payment is not received by the 1st of the month for monthly payers or the annual renewal date, then the Woodcroft Club reserves the right to terminate your membership. Rejoining fees will apply if you wish to rejoin or reinstate your membership.

By my signature below, I hereby understand and accept the above terms, applying this application for membership.

Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Date Received:

Staff:

Member #:

Handbook Given:

Date Entered into Database:

Initiation Fee Paid by:

Dues Paid by:



1203 West Woodcroft Parkway * Durham, NC 27713 * 919.489.7705

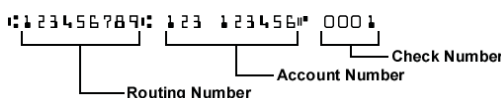
**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(EFT/ACH DEBITS)**

I (we) hereby authorize the Woodcroft Club, to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Bank," and to debit the same to such account for the purpose of collecting membership dues. I (we) acknowledge that the origination of EFT/ACH transactions to my (our) account must comply with the provisions of United States law.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing/Transit Number (9 digits): _____ Account Number: _____



This authorization is to remain in full force and effect until the Woodcroft Club has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Woodcroft Club and Bank a reasonable opportunity to act on it. I understand that all dues are non-refundable after the billing dates. Also, I understand the monthly dues will be automatically billed unless I paid the year's dues in full. I further understand that the Woodcroft Club reserves the right to levy any late fees as well as returned check fees or declined electronic draft charges. I understand if I wish to terminate my membership for any reason, I must do so in writing in conjunction with the return of any and all membership cards before the billing dates. I understand that if I choose to terminate my membership for any reason, already processed dues will not be refunded. I understand that membership is automatically renewed either annually or monthly depending on payment option. Membership is automatically renewed unless a written letter of termination is received prior to the billing dates, which is the 1st day of every month for monthly payers or the annual renewal date. If payment is not received by the 1st of the month for monthly payers or the annual renewal date, then the Woodcroft Club reserves the right to terminate your membership. Rejoining fees will apply if you wish to rejoin or reinstate your membership.

Name(s): _____ (Please print) _____ (Please print)

Signature(s): _____

Date: _____

Check One: Please begin debiting my account as reflected above.

- I am currently participating in the Direct Payments Program
- CHANGE- Change financial institutions and/or account number.
- CANCEL – Stop my participation in the program.

**NOTE: ATTACH A VOIDED CHECK HERE TO BE PROCESSED PROPERLY
PLEASE RETURN FORM AND VOIDED CHECK TO:**

Woodcroft Club
1203 W Woodcroft Pkwy
Durham, NC 27713

Woodcroft Club Use Only: Member Account Number: _____ Date entered: _____