

Application for Membership

I am applying for the follo	owing type of membership: (circle or	ne)			
* Full Member	* Young Professional Member	* Tennis Me	ember	* Season	al Swim
All billing information ser	nt to Email: (enter)				
By my signature below, I he roster as follows:	ereby apply for membership to The W i	ildeWood Club. Ple	ease list m	y name on th	ne membership
Name:			DOB:	/	/
SS #:					
ADDRESS & TELEPHONE	E INFORMATION:				
Name:		Phone:			
Home Address:		City/State/Zip:			
Business (Optional):		_ Phone (Business	s):		
Business Address:		City/State/Zip:			
To receive club news and e	events, please provide your email(s) ad	ddress:			
Email:	Email:				
ELIGIBLE FAMILY MEMB	ERS: (spouse & dependent children/g	randchildren)			
Name:			DOB:	/	/
			DOB:	/	/
Name:			DOB:	/	/

MEMBERBSHIP

Membership will be held in name of ______ (Primary Member) PAYMENT OPTIONS AND ENTRANCE FEE: GOLF MEMBER I have enclosed \$ for the full amount of my Entrance Fee.

Payment method: Credit Card: _____ Check #: _____ Cash:

REFUND

All Entrance Fees for The Wilde Wood Club are Non-refundable.

RESIGNATION

It is agreed that I may resign from The WildeWood Club by giving thirty (30) days advance written notice to The WildeWood Club and by paying all dues and other charges for which my membership has incurred and owed the club. I shall not thereafter be subject to any further dues or other charges.

ASSESSMENTS

I understand that as a matter of contract with The WildeWood Club my membership is non-assessable and that I am assuming no liabilities whatsoever in connection with my membership other than the payment of any Entrance Fee, applicable membership dues and charges incurred by me, my family, and guests in the use of The WildeWood Club and that such membership does not confer upon me any ownership of The WildeWood Club property or assets.

RULES & REGULATIONS

As a Member, I agree to conform to, be bound by, and adhere to the Rules and Regulations of The WildeWood Club as they may be amended from time to time.

Applicant Signature:	Date:	/	/
Sponsoring Member:	Date:	/	/

PLEASE MAIL or DELIVER THIS APPLICATION TO:

The WildeWood Club 90 Mallet Hill Road, Columbia, SC 29223 ATTN: Andraya Dunkin

Office Use Only-Do Not Write Below This Line

Accepted Date: _____ / _____ / ____ Member#: _____



The WildeWood Club, LLC. Bank Account and Credit Card Authorization Form

Please Select One (1) Option:	Bank Account Drat	t: Credit	t Card Charge:	
I, for the following categories as applic	, able.	hereby authorize The Wilde	Wood Club, to charg	ge my account
Please check all that apply:				
Monthly Due	es			
Annual Cha	ges			
Annual Hand	dicap Fees	# of persons that	want handicap servi	ice.
I hereby authorize The WildeWood C	Club to draft my accoun	t for the charges as categori	ized above:	
Account Holders Signature:		D;	ate: /	/
The following information shall be en this portion of the form shall be shree Bank Account Automatic Draft:	lded.		PCI compliance sta	Indards and
Bank Name:			-	
Bank Routing Information: Bank Account Number:				
Credit Card Automatic Draft: () VISA () MasterCard () Credit Card Number:	-		_	
Expiration Date: /	VID Code:			
Billing/Account Address:				
Street:				
City:	State:Zip C	Code: Teleph	one:	