

PANOLA WOODS COUNTRY CLUB INC.

MEMBERSHIP APPLICATION

Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Cell Phone#: _____ Home#: _____ email: _____

Employer: _____ Bank: _____

All new members will be charged an initiation fee and must authorize bank draft of their monthly bill.

EFT: YES / NO **If yes, one will need to send a voided check to PWCC**

Account # _____ Routing # _____

Spouse: _____

Children: _____ DOB: _____

Children: _____ DOB: _____

Children: _____ DOB: _____

Children: _____ DOB: _____

Are you a golfer? YES / NO Are you a tennis / pickle ball player? YES / NO

In re-guards to dropping a membership. It is mandatory to write a letter of resignation to the Board.

Membership Request: Associate _____ Stockholder _____ Other _____

Membership Type: Golfer _____ Social _____

Signature: _____ Date: _____

Recommended by:

