



EDGEWOOD COUNTRY CLUB

1600 Edgewood Drive

Charleston, West Virginia 25302

APPLICATION FOR MEMBERSHIP

Full Name _____

Salutation and Nickname _____

CLASS OF MEMBERSHIP REQUESTED:

General Membership

Age 40 & Over _____ Age 35-39 _____ Age 31-34 _____ Under 30 _____

Clubhouse Membership

Age 40 & Over _____ Age 35-39 _____ Age 31-34 _____ Under 30 _____

Non-Resident

No Charleston Property _____ With Charleston Property _____

Golf Only _____

Date of Birth _____ Gender: Male _____ Female _____

Marital Status: Single _____ Married _____ Widow/er _____

Profession _____

Company Name _____

Title _____

Business Address _____

Business Phone _____ Business Fax _____

Business E-Mail _____

Home Address _____

Home Phone _____ Home Fax _____

Home Email _____ Cellular Phone _____

Sponsoring Member's Name _____

ALTERNATE ADDRESS:

If you have a summer, winter or other home and would like the Club to be able to contact you there, please provide the address below and indicate when it is effective:

Alternate Address _____

Alternate Phone _____ Dates Effective _____

Preferred Mailing Address:	Billing Statements:	Home ___	Business ___
	Club Event Notices:	Home ___	Business ___
	Other Publications:	Home ___	Business ___

Preferred Email Address: _____

EDUCATION:

Please list degrees earned and universities or colleges attended:

University or College Attended _____

Undergraduate Degree _____ Year _____

University or College Attended _____

Graduate Degree #1 _____ Year _____

University or College Attended _____

Graduate Degree #2 _____ Year _____

OTHER CLUBS:

Please list other city, health and country clubs to which you belong:

Club Name _____ Club Location _____

Club Name _____ Club Location _____

OTHER ASSOCIATIONS:

Please list charitable organizations, societies, and professional or trade associations in which you hold membership or are active: _____

LEGACY:

Please list the names of Edgewood Country Club members who are members of your family (Include relationship): _____

SPOUSE DATA:

Spouse's Full Name _____

Salutation and Nickname _____

Spouse's Date of Birth _____ Wedding Anniversary Date _____

Spouse's Profession _____

Spouse's Company Name _____

Title _____

Spouse's Business Address _____

Spouse's Business Phone _____ Business Fax _____

Spouse's E-Mail Address _____

CHILDREN:

	Full Name	Date of Birth	Gender (M or F)
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____

YOUR INTERESTS:

Please place an "X" next to activities and facilities in which you (and your spouse, if applicable) have an interest:

	Member	Spouse	Children
Health & Fitness Center	_____	_____	_____
Wine Events	_____	_____	_____
Meeting Facilities	_____	_____	_____
Gourmet Dining	_____	_____	_____
Golf	_____	_____	_____
Squash/Tennis	_____	_____	_____
Family Events	_____	_____	_____
Children's Events/Camps	_____	_____	_____
Sporting Events	_____	_____	_____
Swimming	_____	_____	_____
Other Hobbies & Interests	_____		

APPLICATION PROCESS:

The Membership Committee is available to facilitate the membership application process and to introduce prospective members to the Club facilities. An application for membership requires the signatures of a member sponsor and a Board or Membership Committee Member. The candidate is required to attend a lunch with his or her sponsor to meet Board and Membership Committee members.

The application must be posted at the clubhouse for ten days and must have Board approval prior to activation. Activation will take place the first day of the month following Board approval.

FAMILY MEMBERS:

Spouses: The spouse of a member and his or her accompanied guests may use all Club facilities. A spouse is defined as a person legally married to a member; this definition does not include a person divorced from a member. The privilege of a spouse of a member to use Club facilities shall terminate upon the earlier of (a) the effective date of a divorce, for which the member will provide the Club written notice, or (b) the Club's receipt of written notice from the member requesting that the spouse's privileges be terminated from his / her account. Divorced spouses have the option of applying for their own membership as put forth in the club bylaws.

Children: As long as they are attending school and not over the age of 25.

Please telephone the club office at 304.343.5557 with questions regarding this data form or Edgewood's admission process. I acknowledge that I have read the accompanying Membership Information, Derrick's Creek Golf Course Policies, and the Clubhouse Policies of Edgewood Country Club and agree to be bound thereby.

Your signature: _____

Date _____

Board/Membership Committee acknowledgement:

Signature: _____

Date: _____

Edgewood Country Club

INITIATION FEE REDUCTION AGREEMENT

For value received, the undersigned promises to accept the reduction of initiation fee and various monthly fees with the agreement that as a requirement of the reduction, the undersigned will remain a member of the Edgewood Country Club in good standing for a period of not less than two years beginning the first of the month following approval of their membership application by the Board of Governors. In the event the member does not fulfill this condition, the Board of Governors of the Edgewood Country Club may, in its discretion, terminate the membership in the Club. Upon such termination, the entire balance of the initiation fee and all unpaid monthly fees shall forthwith become due and payable in full through the two year minimum commitment time frame, subject to the bylaws of the club.

Maker

Date

Address