

MEMBERSHIP APPLICATION

Membership # _____ Effective Date _____ Initiation Fee _____

Name: _____ Date of Birth _____

Spouse: _____ Date of Birth _____

Address: _____ Home Phone# _____
_____ Alt. Phone# _____

E-Mail: _____

Okay to e-mail statements to above address? Y N

Employment:

Applicant

Spouse

Company: _____
Address: _____
Phone #: _____

Type of Membership:

Family	Jr.-Single	Winter	Nautilus-Family
Single	Jr.-Family	Non-Resident	Non-Mem Single
House	Corporate	Nautilus-Single	Non-Mem Family

Dependants:

Name	M/F	Date of Birth	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature _____ Date _____

Co- Applicant's Signature _____ Date _____

I was asked to join by: _____

I learned about Shadowmoss from: TV Newspaper Direct Mail Val Pak Radio
Friend Internet

I/We hereby understand that in accordance with South Carolina Law. I/We may cancel this membership within 72 hours from above date and receive all monies that have been applied to the membership. Also, I/We agree to abide by the by-laws and rules established for Shadowmoss Plantation Golf Club. I/We understand that there will be credit verification for club billing purposes.