

Halifax Country Club Membership Application

Name:

Street Address:

Mailing Address (if different)

City, State, Zip:

Date of Birth:

Email Address:

Home Phone:

Office Phone:

Spouse's Name:

Date of Birth:

Children's Names

Name:

DOB:

Name:

DOB:

Name:

DOB:

Name:

DOB:

Employee:

No. Of Years:

Spouse's Employer:

No. Of Years:

Name(s) to appear on stock:

I hereby certify that the foregoing information and statements are true. Executed and
signed in the City or County of

on this _____ of _____, _____
(day) (month) (year)

Applicant's Signature: _____

Printed Name:

Halifax Country Club Membership Application

All new applicants must be vouched for by two current stockholders.
Vouched for by the following two Stockholders:

All new applicants to Halifax County Golf Club, Inc., excluding qualifying Junior Memberships and Non-resident Memberships will be required to purchase a share of stock at the cost of \$500.00 per share (unless otherwise stipulated).

Only Stockholder Memberships can vote on club matters and serve as a member of the Board _
of Directors.

Please indicate how you would like to pay for your stock. Please check one.
One time payment of \$500.00

10 payments of \$50 over a 10 month period.

Indicate the type of membership choice. Member must be 18 years or older. Please check one.

Regular Membership \$135.00 per month

Junior Membership \$85.00 per month with minium 1 year comment

Must be 32 years of age or younger to qualify.

Must purchase a share of stock when age becomes 33 years, or forfeit membership to the Club.

Dues will increase to Regular Membership when age becomes 33 years.

Note: if joint membership, age determined by oldest of the two.

Non-Resident Membership \$85.00 per month.

Primary residence is located outside of Halifax County, VA.

Please attach a check for the first month's billing of your membership (\$135 or \$85).

After completing and signing form please print and mail to:

***Halifax Country Club
5136 Halifax Road
Halifax, VA 24558***