

## Fincastle on the Mountain

1000 Country Club Drive Bluefield VA 24605 276-326-1178

## APPLICATION FOR MEMBERSHIP

| TYPE OF MEMBERSHIP DESIRED  □ Full Family Resident □ Junior Associate Family □ Junior Associate Single □ Single Golfer □ Corporate |               | Family Non-Re  | n-Resident Golfer<br>esident Golfer<br>ial Non-Resident |
|--|---------------|----------------|---|
| Name   |               |                |   |
| Primary Address  |               |                |   |
| Date of Birth  |               |                |   |
| Phone Business Pho   | one           | Cell Phone     |   |
| E-mail Address(es)   |               |                |   |
| Secondary Address  |               |                |   |
| Marital Status: ☐ Single ☐ Marrie  | ed 🗆 Divorceo | l     Separate | d   |
| Spouse's name  |               |                |   |
| Spouse's Date of Birth   |               |                |   |
| Please list names and birthdates of you Child's Name   | Date of Birth |                | Son or Daughter   |
|  |               |                |   |
|  |               |                |   |
|  |               |                |   |

| Occupation   |  |  |
|--|--|--|
| If retired, please state previous occupation.  |  |  |
| Business Address   |  |  |
| Business Phone   | Nature of Business   |  |
| Current and Prior Club Affiliations  |  |  |
|  |  |  |
| Please list names of Fincastle on the Mou  | ntain members personally acquainted with you.  |  |
|  |  |  |
| are required to fulfill a one year termination, quarterly dues mus  The committed year rui | his application, you acknowledge that you membership term. In the event of early st be paid through the committed year. as from the date of acceptance e consecutive months. |  |
| monthl   | realize that I will be required to pay the y dues or fees ated with the collection thereof).   |  |
| =  | to abide by all rth by Fincastle on the Mountain.  |  |
| Signature of Applicant_  | Date   |  |