

# WYTHEVILLE GOLF CLUB

## MEMBERSHIP APPLICATION 2026

APPLICATION DATE: \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_ WGC STAFF: \_\_\_\_\_  
\_\_\_ POS \_\_\_ QB \_\_\_ EMAIL \_\_\_ WGC PACKET \_\_\_ CREDIT CARD LIST

### MEMBERSHIP CATEGORY: BASED ON CALENDAR YEAR (JANUARY THRU DECEMBER)

Full Introductory  Non-Resident  Social  Student  First Responder  
\$100/month 1st year \$1620/year \$1080/year \$600/year \$1080/year

### APPLICANT'S INFORMATION:

CONTACT INFORMATION  Mr.  Mrs.  Ms.  Dr.

\_\_\_\_\_  
Last Name First Name M.I. Date of Birth  
\_\_\_\_\_  
Street Address City State Zip Code  
\_\_\_\_\_  
Home Phone Cell Phone EMAIL ADDRESS

### EMPLOYMENT INFORMATION

\_\_\_\_\_  
Employer Occupation Business Phone  
\_\_\_\_\_  
Street Address City State Zip Code

### SPOUSE/SIGNIFICANT OTHER INFORMATION:

CONTACT INFORMATION  Mr.  Mrs.  Ms.  Dr.

\_\_\_\_\_  
Last Name First Name M.I. Contact #  
\_\_\_\_\_  
Street Address (if different than applicant) City State Zip Code Email Address

### CHILDREN (living at home, up to age 23 and still in school):

\_\_\_\_\_  
First Name Last Name Date of Birth First Name Last Name Date of Birth  
\_\_\_\_\_  
First Name Last Name Date of Birth First Name Last Name Date of Birth

### PREVIOUS CLUB MEMBERSHIP (if applicable):

\_\_\_\_\_  
Club Name City State Zip Dates

### MEMBER REFERRAL (if applicable):

\_\_\_\_\_  
Last Name First Name

