

Acceptance of Club Rules & Regulations

I/We further agree to abide by the Rules and Regulations of Gates Four Golf and Country Club. In the event the managers of the Club determine that any members of my/our family or guests have violated any of the Club's rules and regulations, I/we may be subject to immediate suspension or permanent loss of privileges at the Club. I/we will pay all charges, fees and dues associated with my/our Club membership through the end of the year during which we are resigning.

Primary's Signature

Date

Secondary's Signature

Date

Official Use Only

To Be Completed by Club Management

Members' Names

(i.e. Mr. & Mrs. John Smith)

Membership Class

Gates Four Residents (Check One)

- Developer
- Resale Home Purchaser
- Existing Resident Joining/Rejoining

Fees & Deposits

Initiation/Reinstallment Fee	\$	_____
Membership Transfer Fee	\$	_____
Security Deposit.....	\$	_____
Monthly Food Minimum	\$	40
Total Fees	\$	_____

Membership Approval:

Club Management

Date

Membership Account Number

[Empty box for Membership Account Number]



Gates Four
GOLF AND COUNTRY CLUB

MEMBERSHIP APPLICATION

6775 Irongate Drive
Fayetteville, NC 28306

Clubhouse 910.425.6667
Clubhouse fax 910.425.6661

Member Information

Primary Name
 (Last) (First) (Nickname)

Title Mr. Mrs. Ms. Dr. Rev. Col. Other _____

Marital Status Single Married Divorced Widowed

Birth day ____/____/____ Wedding Anniv. ____/____/____

Education:

High School	College/Undergrad.	Graduate/Other
Graduation Year	Graduation Year	Graduation Year
	Degree	Degree

Secondary Name
 (Last) (First) (Nickname)

Title Mr. Mrs. Ms. Dr. Rev. Col. Other _____

Birth day ____/____/____

Education:

High School	College/Undergrad.	Graduate/Other
Graduation Year	Graduation Year	Graduation Year
	Degree	Degree

Dependent Children

(under 23 years old, unmarried, living at home or attending school) Add last name, if different from Primary's

Name	Birth day	Gender
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Household Information

Primary Street Address

City State Zip

Own Rent Years at Address:

Phone (Select Primary Contact Phone Number):
 Phone (Home) (____) _____
 Phone (Other) (____) _____

Primary E-mail for Club Notices

Employment Information

Primary's Current Employer

Type of Business/Organization

Employer's Street Address

City State Zip

Job Title Years with Employer

Contact Name Contact Phone (____) _____

Secondary's Current Employer

Type of Business/Organization

Employer's Street Address

City State Zip

Job Title Years with Employer

Contact Name Contact Phone (____) _____