



Lake Toxaway Country Club

Attn. Laura Johnson

4366 West Club Boulevard

Lake Toxaway, NC 28747

Telephone (828) 966-4020

Email to lauraj@laketoxaway.com

Guest Application

Name of Guest: _____
First Middle Last

Name of Spouse: _____
First Middle Last

Accompanying Dependent's Names and Ages: _____

Is this Guest an Immediate Family Member (Child, Grandchild, Parent or Grandparent)? _____

Is the Guest Staying in the Sponsoring Member's Home? _____

Permanent Address of Guest:

Name and Address of Sponsoring Member:

Sponsoring Member's Full Name Member Number

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Daytime Telephone: _____

Daytime Telephone: _____

Evening Telephone: _____

Evening Telephone: _____

Email Address (required for billing purposes): _____

Business Name & Address: _____

City: _____ State: _____ Zip Code: _____

Dates of Stay: _____ **To** _____

I have read Lake Toxaway Country Club's Rules and Policies pertaining to Guest usage and understand the privileges and obligations of guests as set forth therein. I agree to be responsible for the conduct of all accompanying family members and house guests. I understand that a non-refundable \$25 Administrative Fee will be charged to the Guest's club account, **statements will be sent via email** unless I request otherwise, and all items charged to the club account will be due and payable on or before the 25th of the following month.

Applicant's Signature: _____ Date: _____

Accounting Use

Received By: _____ Temporary Membership Number: _____