Lake Toxaway Country Club
Attn. Laura Johnson
4366 West Club Boulevard
Lake Toxaway, NC 28747
Telephone (828) 966-4020
Fax (828) 966-4809

Trial Membership Application

Member Name: _____
First Middle Last

Name of Spouse: _____
First Middle Last

Lake Toxaway Address: Billing Address	Winter/Alternate Address: Billing Address
_____	_____
_____	_____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Daytime Telephone: _____	Daytime Telephone: _____
Evening Telephone: _____	Evening Telephone: _____

Email Address: _____

Business Name: _____
(List former business, if retired)

Type of Business: _____ ☐ Retired ☐ Active

Business Address: _____

City: _____ State: _____ Zip Code: _____

Personal References (Please provide four personal references and their complete mailing address)

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone Number: _____	Phone Number: _____
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone Number: _____	Phone Number: _____

(continue on reverse side)

Information in this section is for office use only and is necessary in order to complete your membership file.

Birthday (Member): _____ Birthday (Spouse): _____

Profession (s) Member: _____ Profession (s) Spouse: _____

Dependent Children (unmarried children of members under age 21 and living at home, or unmarried children under age 25 and who are currently enrolled full time in school or serving in the military):

Name	Age	Date of Birth
Name	Age	Date of Birth
Name	Age	Date of Birth
Name	Age	Date of Birth

Other children/Grandchildren:

_____

_____

_____

_____

_____

Wedding Anniversary: _____ Time spent in Lake Toxaway (full, part, weekends): _____

Areas of Interest: ☐ Restaurant ☐ Golf ☐ Tennis ☐ Fitness Center ☐ Croquet
☐ Boating ☐ Hiking ☐ Bridge ☐ Wine Dinners ☐ Pool

Affiliations (List golf, social, and/or professional affiliations, past or present)

_____

_____

Email Address _____

Trial Membership

☐ I understand that this application is subject to approval by the Membership Committee and Board and is valid for one consecutive 30 day period. I have enclosed a check in the amount of $1,860 for the trial membership fee and understand that additional guest fees may apply.

Applicant's Signature: _____

Date: _____

* *

Membership Committee and Accounting Use **Temporary Member Number Assigned _____**

Date Received: _____ By: _____

Date Reviewed: _____ By: _____

Trial Membership Fee Paid: _____ Date Issued: _____