



**Lake Toxaway Country Club**

Attn. Laura Johnson

4366 West Club Boulevard

Lake Toxaway, NC 28747

Telephone (828) 966-4020

Email to [lauraj@laketoxaway.com](mailto:lauraj@laketoxaway.com)

**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: \_\_\_\_\_

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Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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):

Other children/Grandchildren:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \$2,050 for the trial membership fee and understand that additional guest fees may apply.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Membership Committee and Accounting Use**

**Temporary Member Number Assigned** \_\_\_\_\_

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ By: \_\_\_\_\_

Trial Membership Fee Paid: \_\_\_\_\_ Date Issued: \_\_\_\_\_