



Lake Toxaway Country Club

Attn. Laura Johnson

4366 West Club Boulevard

Lake Toxaway, NC 28747

Telephone (828) 966-4020

Email to 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: _____

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 \$2,090 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: _____