

COUNTRY TOWN CLUB OF ORANGE, INC.

P.O. Box 1046, Orange, Virginia, 22960

Application For Membership

Applying for: Family
 Single
 Add-On

Name: _____

Address: _____

Phone: _____ Email: _____

For New Members:

Spouse: _____

Names and birthdates of children: _____

Employer: _____

Recommended by: 1. _____ (printed name)

_____ (signature)

2. _____ (printed name)

_____ (signature)

For Add On Membership:

Name of Add On Member: _____

Address (if different from stockholder): _____

Age: _____ (if under age 18, parent signature required)

Parent signature: _____

Relationship to Stockholder: _____

Signature: _____ **Date:** _____

****Dues must be paid by June 8th of each membership year or
the value of the stock is absorbed and membership is revoked****