

COUNTRY TOWN CLUB OF ORANGE, INC.
P.O. Box 1046
Orange, Virginia 22960
540-672-9264

APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____

PHONE NUMBER _____

NAME OF SPOUSE _____

Names and birthdates of children _____

Person in whose name stock shall be issued _____

EMPLOYER _____

RECOMMENDED BY: (Names & signatures of two members in good standing)

Signature _____ Printed name _____

Signature _____ Printed name _____

Applicant's signature _____ date _____

***Please share your email address with us so that we can email our newsletter and important information regarding the pool.

Email address _____

*****IF DUES ARE NOT PAID BY JUNE 8 OF EACH MEMBERSHIP YEAR THE VALUE OF THE STOCK IS ABSORBED AND MEMBERSHIP IS REVOKED*****

BOARD USE ONLY

ACTION TAKEN _____ DATE _____

WAIT LIST RANK _____

METHOD OF PAYMENT _____

BILL FULL AMOUNT _____

PAID FULL AMOUNT _____

PARTIAL PAYMENT _____ OWE _____

OTHER (SPECIFY) _____