



347 Shawcroft Road  
Fayetteville, NC 28311  
(910) 630-1111  
kingsgrantlife.com

I hereby make application for a membership in Kings' Grant Golf and Country Club. I agree to abide by the Constitution, By-laws, Rules and Policies of said Club and all subsequent amendments, additions and alterations that may be made thereto.

PRINT OR TYPE ALL INFORMATION  
MEMBER'S INFORMATION

MEMBER'S FULL NAME \_\_\_\_\_ Preferred Name(i.e. nickname) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home telephone number \_\_\_\_\_ Cell/Mobile  
number \_\_\_\_\_  
Home Physical Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Email address \_\_\_\_\_  
Occupation/Job Title \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_  
SIGNATURE (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

SPOUSE'S INFORMATION

SPOUSE'S FULL NAME \_\_\_\_\_ Preferred Name(i.e. nickname)  
\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation/Job Title \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business telephone number \_\_\_\_\_ Cell/Mobile  
number \_\_\_\_\_  
Email address \_\_\_\_\_

FULL MEMBERSHIP APPLICATION
Date Received _____
Membership # _____
Activation Date _____
Initiation Fee Rec'd _____

