



It's a new day at The Dalles County Club.

Come tee it up with us!

**SOCIAL MEMBERSHIP APPLICATION
THE DALLES COUNTRY CLUB**

Name of Applicant: _____ Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Email Address: _____

Upon signing this application, the undersigned agrees to abide by the by-laws and rules of the Club as they now exist, or as they may be modified or amended hereafter.

Social Membership shall be limited to people at least twenty-one (21) years of age and their dependent children through eighteen (18) living at the members home. Social members shall be entitled to all clubhouse and pool privileges except golf. They hold no voting right or the ability to hold office on the Board of Directors. Social membership shall pay the food assessment which is non-transferable.

Acceptance of this application will be based upon a thorough review of the Membership committee and a vote approval of the Board of Directors. Further, the applicant also agrees that he/she personally accepts responsibility for any and all Club dues, membership fees, initiation fee, assessments or other indebtedness of myself or that generated by my family, my guests or any group I may sponsor. The amount of dues are subject to change per the needs of TDCC and an action by the Board of Directors.

Initiation Fee: _____ Amount Enclosed: _____

Preferred Billing Method: Monthly: _____ (ACH or Credit Card Only)

Quarterly: _____ Semi-Annual: _____ Annual: _____

Signature: _____ Date: _____

FOR INTERNAL USE:

Membership Approved: _____ Effective Date: _____

Sponsored: _____