## **APPLICATION FOR MEMBERSHIP**

## Personal

Full Name					Familiar Name
Date of Birth					Social Security Number
Email Address					Mobile Phone
Spouse's Full Name					Familiar Name
Spouse's run Name					rammar Name
Date of Birth					Social Security Number
Email Address					Mobile Phone
Principal Place of Residence Number Street					
•					
	0: :			(	)
City	State	Zip			Telephone
H : 10111 1 22 6					
Unmarried Children under 23 years of age:					
1		,			
1. Name	DOB		3 Name		DOB
2		4			
2Name	DOB	4	Name		DOB
Business					
Business					
				(	)
Applicant's Employer					Business Telephone
Occupation and/or Nature of Business					Title
•					
Business Address					
P. 4411					
Email Address					
				(	)
Spouse's Employer					Business Telephone
Occupation and/or Nature of Business					Title
Business Address					
Email Address					
					OVER



## Personal References \*

l.	2					
Name	Name					
Address	Address					
Telephone	Telephone					
Years Known	Years Known	n				
Personal references must be personal or business acquaintances whom the nembers or representatives or agents of real estate agencies selling proper				be family		
Additional Information						
. Please indicate (a) the property at Bald Head Island or Indigo Plantati number to which this membership is to be attached:	ion or (b) the Bald Head Isl	land Yacht Club or Indigo	Plantation Yacht Club me	mbership		
2. Do you own additional property on Bald Head Island and/or Indigo If yes, please indicate properties you own:	Plantation?	□ yes	□ no			
6. Are you, or have you been in the last ten (10) years, a member of any If yes, please indicate the name, address and phone number of each of		□ yes that club:	□ no			
understand that membership at the Bald Head Island Club wi subject to my being approved for membership and payment of	the required purchase	price and dues. I here	by authorize the disclo	osure and		
elease of information for investigating my qualifications for men nformation.	nbership, and authorize	e those persons and ent	ities names herein to fu	ırnish the		
Applicant's Signature				Date		

Spouse's Signature Date