

By signing below, I agree to abide by all Avestra golf club conditions, rules and policies. I understand that Avestra has the final say on all property and membership decisions and that they reserve the right to modify the membership parameters and the rules and regulations without notice and at its discretion.

_____ (Applicant Signature) _____ (Date)

_____ (Applicant Signature) _____ (Date)

Member Interests Survey

If you are married, please provide your wedding date: _____

INTERESTS

Please place a check mark next to all activities you that are of interest to you.

Golf	Social Activities
<input type="checkbox"/> Men's Golf Association	<input type="checkbox"/> Bingo
<input type="checkbox"/> Women's 18-Hole League	<input type="checkbox"/> Mah Jongg
<input type="checkbox"/> Women's 9-Hole League	<input type="checkbox"/> Birthday Night Dinners
<input type="checkbox"/> Sunday Golf & Supper	<input type="checkbox"/> Theme Night Dinners
<input type="checkbox"/> Twilight Golf & Dinner	<input type="checkbox"/> Member Socials
<input type="checkbox"/> Special Tournaments	<input type="checkbox"/> Children's / Family Activities
<input type="checkbox"/> Golf Clinics & Lessons (Adult / Child)	<input type="checkbox"/> Wine Tasting
<input type="checkbox"/> Other _____	<input type="checkbox"/> Ladies' Bridge
Sports Activities	<input type="checkbox"/> Art Classes
<input type="checkbox"/> Swimming Lessons (Adult / Child)	<input type="checkbox"/> Dancing (Line / Shag)
<input type="checkbox"/> Water Aerobics	<input type="checkbox"/> Other _____
<input type="checkbox"/> Yoga	Special Interest Groups
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Good Hands Gang (Charity Work)
<input type="checkbox"/> Tennis Clinics (Adult / Child)	<input type="checkbox"/> Travel
<input type="checkbox"/> Other _____	<input type="checkbox"/> Military
	<input type="checkbox"/> Other _____

I hereby grant permission to Avestra to share my contact information and interests with all Avestra golf properties and their member associations. **Yes** **No**

Signature _____
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- FOR CLUB USE ONLY -

Membership Sold By: _____ Date: _____

Join Date: _____ Member #: _____ Payment Method: Cash__Check__Credit Card__

Collect Activation Fee, plus first month's dues. If paid by check, make check payable to "Avestra".

Credit Card Type (Circle One): Visa MasterCard American Express Discover

Credit Card #: **(REQUIRED FOR ALL MEMBERSHIPS)** _____

Credit Card Security Code# _____ Expiration Date: _____

THE FOLLOWING IS REQUIRED FOR ALL NON-RESIDENT MEMBERSHIPS:

Driver's License #: _____ Expiration Date: _____

Driver's License Address: _____

of Miles From The Village of Pinehurst: _____

Post Office Box 1590, Pinehurst, NC 28370-1590

Membership Phone: 910.949.4330 ~ Fax: 910.949.3233 ~ Website: Avestra.com ~ Email: Info@Avestra.com