



SANDHILLS ORIGINALS CORPORATE MEMBERSHIP APPLICATION

10/09/08

Corporation Name: _____

Assignee's Full Name: _____ Date of Birth: _____

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Business Address: _____

Mailing Address: _____

Office Phone #: _____ Web Address: _____ Email: _____

Telephone #: _____ Federal ID # _____

Nature of Business: _____

How did you hear about Club Avestra membership?

Radio [] Website [] Member [] Please provide name: _____

Flyer [] Print Ad [] Employee [] Please provide name: _____

Other [] Please specify: _____

Membership Type:

NON-RESIDENT

1 Membership with 4 Assignees

Activation Fee \$2,000 []

Monthly Dues \$500 []

Monthly Dues Including Cart Plan \$950 []

RESIDENT

1 Membership with 4 Assignees

Activation Fee \$2,000 []

Monthly Dues \$850 []

Monthly Dues Including Cart Plan \$1,350 []

Automatically charge my monthly dues to the credit card provided: Yes No

All members receive a monthly statement. Members who opt out of the automatic credit card billing option, you may pay by cash or check (payable to Avestra Membership, LLC) by the 15th of each month.

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

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

Credit Card Security Code# _____ Expiration Date: _____

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Post Office Box 1590, Pinehurst, NC 28370-1590

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

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.

CORPORATION NAME:

By: _____ (Applicant Signature)

_____ (Date)

MEMBER INTERESTS SURVEY

INTERESTS

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

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 our contact information and interests with all Avestra golf properties and their member associations. Yes No

Signature _____