



**REFERENCES**

[References Required for New Applicants Only]

Please list Whispering Pines Golf Club members who are closely associated with and strongly support the candidate.

<i>Name</i>	<i>Name</i>
_____	_____

If there is anything in your personal or professional background that may be considered questionable to the orientation of the Club, please explain fully:



**ENDORSEMENT**

[Endorsement Required for New Applicants Only]

*I, the undersigned Active Member, in good standing of The Spirit Golf Association and Whispering Pines Golf Club, is personally acquainted with the aforementioned applicant of this proposal, know him or her to be of good moral character and otherwise eligible and acceptable for membership. To my knowledge, all of the information stated in this application form is true and correct, and I, in fact, recommend him or her for membership without reservation.*

Member Name (Please Type or Print)	Member Signature
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Email	Member #
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IN CONNECTION WITH THIS APPLICATION FOR MEMBERSHIP IN THE SPIRIT GOLF ASSOCIATION (“SGA”), THE UNDERSIGNED STATES FOR AND ABOUT HIMSELF OR HERSELF, IF AN INDIVIDUAL (“I” or “Me”), OR FOR ITS OWNERS AND MANAGEMENT, IF AN ENTITY (“We” or “Us”), AS FOLLOWS:

- I represent that I/We have never been expelled from, denied membership in, asked to resign from, or disciplined by any social club.
- Should I/We become a member of the SGA, I/We will comply with, be bound by and observe the House Rules and Operating Policies of Whispering Pines Golf Club (“WPGC”), as they exist from time to time and acknowledge that WPGC may change such Rules and Policies at any time without notice.
- I/We acknowledge that if I/We are offered and accept membership in SGA and become a first time member, I/We will be obligated to pay the Initiation Fee in effect at the time and that such fee may be paid in a lump sum \_\_\_\_\_ or in three equal annual installments \_\_\_\_\_ with the first due upon acceptance of membership. I/We agree that if I/We elected to pay the Initiation Fee in installments, in consideration of the granting of membership in SGA, I/We are obligated to pay the full amount of the Initiation Fee and that an election to cease being a member of SGA would not relieve Me/Us of the obligation to pay the unpaid portion of the Initiation Fee nor entitle Me/Us to recover any portion of the fee paid previously.
- I/We understand that all Memberships are owned by the named individual or entity and neither the Membership nor rights thereunder are transferable.
- I/We understand that information about me and my family, if the applicant is an individual, or my ownership, management and business, if the applicant is an entity, may be requested and obtained from various sources in connection with the membership process. I/We fully authorize the SGA and WPGC and their representatives to make any inquiry or investigation that is deemed necessary or beneficial to the membership process including criminal background checks. The SGA and WPGC intend that this information be kept confidential and used only for the consideration of fitness for possible membership in SGA, however there is no guarantee that a disclosure of information will not occur.
- If I/We are accepted for membership in SGA, I/We waive any and all claims to photographs and/or digital privileges.
- I/We waive any and all claims and damages of whatever kind or character arising from or relating to this application for membership.
- I/We represent that completion of this application does not confer on me/us a right to become a member of SGA or to use facilities of WPGC.
- I/We represent that the information provided herein is true and correct and that I/We will promptly notify the SGA should any of the information provided herein change or need to be amended. I/We understand that providing inaccurate or misleading information to the SGA or WPGC is grounds for denial or rescission of membership in SGA and rights to use WPGC.

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**Applicant Name (Please Type or Print)**

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**Applicant Signature** **Date**