

MEMBERSHIP APPLICATION FORM

1 st Applicant:	SSN:		
Name:		DoB:	
Address:			
Marital status:	Occupation:		
AANR #:		Mailing List: Yes	/ No
Children: Yes	# / No		
2 nd Applicant: if join	nt membership; SSN:		
Name:		DoB:	
Address:			
Marital status:	Occupation:		
AANR #:		Mailing List: Yes	/ No
Children: Yes	# / No		

I / we are interested in becoming member(s) of Carolina Foothills Resort, Inc.

I / we understand by signing this application, we authorize **Carolina Foothills Resort** to run the **detailed background check** required for all memberships. **Ongoing Authorization:** Carolina Foothills Resort may obtain additional background reports about you without asking for your authorization again, throughout the time you are a member, and as allowed by law.

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I / we have paid the **\$40.00** membership application fee (which covers the detailed Background Check), and agree to pay the full (or prorated) membership amount within 30 days of approval. I / we understand this membership application is subject to approval or rejection by the Board of Directors.

When membership is approved, applicants will be required to pay the Annual Membership Fee (individual or couple/family). Prorated fee will apply if approved outside the Annual enrollment period. AANR dues are not included in Membership fee but paid separately either directly to AANR or through CFR to AANR at a discounted rate.

I / we have been given a copy of Carolina Foothills Resort *By-Laws, Policy & Procedures, and Etiquette & Rules.* I / we have read the above, and <u>by signing this application, agree to follow</u> the rules at all times while on the grounds of Carolina Foothills Resort.

I / WE UNDERSTAND THAT IF MY / OUR BEHAVIOR BREAKS ANY OF THE RULES I / WE AGREED TO FOLLOW: CFR Board of Directors have the right to *terminate your Membership* (fee's will not be refunded); and in some cases, *cancel your lot lease* (site forfeiture where applicable), *and enforce permanent expulsion* from the Club.

Applicant's Signature		Date:	
Applicant's Signature		Date:	
Office Representative	:	Date:	
Board of Directors: e	mail approvals		
	Approved by		Date received
President:	Approved by		Date received
President: Vice-President:	Approved by		Date received
	Approved by	 	Date received
Vice-President:	Approved by	 	Date received
Vice-President: Treasurer:	<u>Approved by</u>	 	Date received
Vice-President: Treasurer: Secretary:	<u>Approved by</u>	 	Date received

Signatures: