

'Fun in the Sun'



Carolina Foothills Resort

90 Carolina Foothills Drive
Chesnee, South Carolina 29323
Phone: 864.461.2731

Action	Date
Fee Paid	
Photo Taken	
Orientation Held	
Met with BoD	
Sent for Approval	
Approved	
Membership Paid	

MEMBERSHIP APPLICATION FORM

1ST Applicant:

Name: _____ DoB: _____

Address: _____

Telephone #: _____ E-mail: _____

Marital status: _____ Occupation: _____

AANR #: _____ Mailing List: Yes _____ / No _____

Children: Yes _____ # _____ / No _____

2nd Applicant: if joint membership

Name: _____ DoB: _____

Address: _____

Telephone #: _____ E-mail: _____

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 have paid the \$25.00 membership application fee, 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.

MEMBERSHIP APPLICATION FORM

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 by signing this application, agree to follow 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.

Signatures:

Applicant's Signature

Date:

Applicant's Signature

Date:

Office Representative:

Date:

Board of Directors: email approvals

Approved by

Date received

President: _____

Vice-President: _____

Treasurer: _____

Secretary: _____

Member: _____

Member: _____

Member: _____
