



GRAYWOOD®

Club Membership Application Form



PERSONAL

Candidate's Full Name _____

Social Security Number _____ Date of Birth ____/____/____

Co-Candidate's Full Name _____

(if membership to be held jointly)

Social Security Number _____ Date of Birth ____/____/____

Residence Address _____

Street No.

Street

City

State

Zip

Address in Graywood (if different) _____

Lot/Street No.

Street

Residence Telephone: (____) _____ Business Telephone: (____) _____ Email: _____

If no Co-Candidate is identified above, please identify spouse or other adult residing with Candidate whom Candidate wishes to designate to enjoy the privileges of the membership, if granted:

Spouse/Designated Adult's Full Name _____

Social Security Number _____ Date of Birth ____/____/____

Please identify all dependent children of Candidate and Co-Candidate or Spouse/Designated Adult age of 23 who reside with Candidate or attend school on a full-time basis or are in the military on a full-time basis:

Name	Sex	Date of Birth	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has Candidate or any Co-Candidate, Spouse, Designated Adult or child identified above ever been convicted of a felony? _____

If so, please explain. _____

BUSINESS

Candidate's Occupation / Nature of Business _____

Employer Name _____

Business Address _____

Business Telephone (____) _____ Years in Present Employment _____

Co-Candidate's Occupation / Nature of Business _____

Employer Name _____

Business Address _____

Business Telephone (____) _____ Years in Present Employment _____

CREDIT RELATIONSHIPS

Name of Mortgage Holder _____ Account Number _____ Expiration Date _____

Address _____ Telephone _____

Name of Credit Card _____ Account Number _____ Expiration Date _____

Issued _____ Telephone _____

PERSONAL REFERENCES

Name _____ Telephone _____ Years Known _____

Name _____ Telephone _____ Years Known _____

OTHER CLUB MEMBERSHIPS

Name of Club _____ Nature of Club _____ Period of Membership _____

Address _____

Name of Club _____ Nature of Club _____ Period of Membership _____

Address _____



MEMBERSHIP SCHEDULE

		Property Owner		Non-Property Owner	
		Initiation Fee	Monthly Dues	Initiation Fee	Monthly Dues
Full Privilege		\$1200.00	\$268.00	\$2200.00	\$288.00
Golf		\$1000.00	\$170.00	\$2000.00	\$190.00
Sports Club		\$500.00	\$128.00	\$1000.00	\$148.00
Sports Club Fitness		\$250.00	\$88.00	\$500.00	\$108.00
Social / Swim		\$150.00	\$38.00	N/A	N/A

MEMBERSHIP SELECTION: Property Owner Non-Property Owner Type of Membership: _____

PAYMENT: Check - Attach your check and return form Credit Card - Fill out information below

Name on Card _____ Type of Card _____

Card Number _____ Expiration _____ Amount _____

**Please complete and mail this Candidate Profile to:
Gray Plantation, LLC, Attention: Ronnie Walters, 6150 Graywood Parkway, Lake Charles, La 70605**

All memberships are subject to eligibility. Acceptance for membership in a class of membership is subject to approval and availability. If you have indicated above that you desire to be considered for a particular membership in a class and you are approved for such time you will be asked to execute a Membership Agreement and submit a check in U.S. funds for the required initiation fee or portion thereof due at such time.

By submitting this Candidate Profile, the undersigned Candidate represents that the above information is true and correct and authorizes the Club Operator and its agents to conduct such inquiry into the Candidate's qualifications for membership as they deem appropriate, including contacting credit reporting agencies, and authorizes those persons and entities identified above to furnish such information as the Club Operator or its agents may request for such purpose.

Signature of Candidate _____ Date _____

Signature of Co-Candidate _____ Date _____