



## Application for Membership

All Memberships require a 12-month commitment.

**I am applying for the following type of membership:** (check one)

- Full Golf Member     Non-Resident Golf     Young Professional Golf  
 Tennis Member     Young Professional Tennis     Pickleball     Social     Seasonal Swim

**All billing information sent to Email:** (enter) \_\_\_\_\_

By my signature below, I hereby apply for membership to **The WildeWood Club**.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ADDRESS & TELEPHONE INFORMATION:** (Please list my name on the membership roster as follows.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business (Optional): \_\_\_\_\_ Phone (Business): \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Check Status:     HOA Member     Non-HOA Member

**To receive club news and events, please provide your email(s) address:**

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**ELIGIBLE FAMILY MEMBERS:** (spouse & dependent children/grandchildren)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**Application for Membership**

Membership will be held in name of \_\_\_\_\_ (Primary Member)

**PAYMENT OPTIONS AND ENTRANCE FEE:**

I have enclosed \$ \_\_\_\_\_ for the full amount of my Entrance Fee.

Payment method:    Credit Card: \_\_\_\_\_    Check #: \_\_\_\_\_    Cash: \_\_\_\_\_

**REFUND**

All Entrance Fees for The Wilde Wood Club are Non-refundable.

**RESIGNATION**

It is agreed that I may resign from The WildeWood Club by giving thirty (30) days advance written notice to The WildeWood Club and by paying all dues and other charges for which my membership has incurred and owed the club. I shall not thereafter be subject to any further dues or other charges.

**ASSESSMENTS**

I understand that as a matter of contract with The WildeWood Club my membership is non-assessable and that I am assuming no liabilities whatsoever in connection with my membership other than the payment of any Entrance Fee, applicable membership dues and charges incurred by me, my family, and guests in the use of The WildeWood Club and that such membership does not confer upon me any ownership of The WildeWood Club property or assets.

**RULES & REGULATIONS**

As a Member, I agree to conform to, be bound by, and adhere to the Rules and Regulations of The WildeWood Club as they may be amended from time to time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE MAIL or DELIVER THIS APPLICATION to:**

The WildeWood Club  
90 Mallet Hill Road, Columbia, SC 29223  
ATTN: Membership Coordinator

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**Office Use Only-Do Not Write Below This Line**

Accepted Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Member#: \_\_\_\_\_



**The WildeWood Club, LLC.  
Bank Account and Credit Card Authorization Form**

**Please Select One (1) Option:** Bank Account Draft: \_\_\_\_\_ Credit Card Charge: \_\_\_\_\_  
\*3% processing fee all credit card transactions.

I, \_\_\_\_\_, hereby authorize The WildeWood Club, to charge my account for the following categories as applicable.

Please check all that apply:

\_\_\_\_\_ Monthly Dues                      \_\_\_\_\_ Annual Handicap Fees  
\_\_\_\_\_ Annual Charges                      \_\_\_\_\_ # of persons that want handicap service.

*I hereby authorize The WildeWood Club to draft my account for the charges as categorized above:*

Account Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The following information shall be encrypted in our operating system in accordance with PCI compliance standards and this portion of the form shall be shredded.

**Bank Account Automatic Draft:**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

**Credit Card Automatic Draft:**

VISA             MasterCard             American Express             Discover

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_ \*3% processing fee all credit card transactions.

**Billing/Account Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_