



601 South Lumina Avenue
Wrightsville Beach, NC 28480
910.256.2726

P. O. Box 434
Wrightsville Beach, NC 28480

Application for Membership

Please type or print **legibly** in black ink:

Applicant's Full Name: _____ Date of Submittal: ____/____/____

DOB: ____/____/____ Are you the son/daughter of a current Club member? _____ yes _____ no

If yes, for how long have your parents been members? _____

Physical Address: _____ Home Phone #: _____

_____ Cell #: _____

Email Address: _____

Occupation/Employer: _____

Spouses Name: _____ DOB: ____/____/____

Occupation/Employer: _____

Children's Name(s): _____ Age: ____

_____ Age: _____

_____ Age: _____

_____ Age: _____

List any Social Clubs or organizations to which you currently belong: _____

List any Civic Clubs or Fraternal Organizations that you are currently a Member of: _____

List any Relatives (**and relationship**) who are currently or have previously been a Member of the Hanover Seaside Club:

Have you ever been convicted of a Felony? Yes: _____ No: _____

- ** Please attach an individual or family photo.**
 - ** Please attach a letter stating why you would like to be a member of the Hanover Seaside Club.**
 - ** Please attach the letter from your sponsor.**
 - ** Please attach a copy of an ID that includes your date of birth. You may black out any protected information.**
- YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THE REQUIRED ATTACHMENTS.**

All information must be properly filled out and legible or the application will be considered incomplete and returned to you.

Signature: _____

Printed Name: _____

****Requires (1) Sponsors and (2) Regular or Seasonal Members Signatures: The two signatures cannot be husband, wife, and siblings.

Sponsors Signature: _____ Date: ____/____/____

Printed Name: _____

The sponsor must submit a letter of recommendation for the applicant. When the application is accepted, the sponsor will act as mentor for the new member for the first two years of membership. This will help new members become familiar with our facility and provide information necessary as to the use of our Club.

Member Signature: _____ Date: ____/____/____

Printed Name: _____

Member Signature: _____ Date: ____/____/____

Printed Name: _____

The application should be completed by the applicant and reviewed by the sponsor. The completed application, with picture, ID, and letters from applicant and sponsor attached, should be mailed to the Club's PO Box. To join as the son or daughter of a member, a complete application must be submitted prior to the 26th birthday or wedding, whichever comes first.

An email notification will be sent to the applicant when the application is received by the Membership Committee.

**** Must be included with application or application will not be accepted.**

For HSC Board Purposes Only

Date Postmarked: ____/____/____

Date Received: ____/____/____

Date Email Notification made to Applicant: ____/____/____

Date Reviewed: ____/____/____

Comments: _____

Accepted _____

Denied _____