



# THORNDALE OAKS OF OXFORD MEMBERSHIP APPLICATION

I am interested in acquiring a membership in Thorndale Oaks and I am providing the following information to Thorndale.

### Personal

Applicant's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Drivers License No. and State: \_\_\_\_\_ Drivers License No. and State: \_\_\_\_\_

Local Residence: \_\_\_\_\_  
NUMBER STREET CITY/STATE ZIP CODE

Mailing/Billing Address: \_\_\_\_\_  
NUMBER STREET CITY/STATE ZIP CODE

Local Residence Telephone: ( ) \_\_\_\_\_ Residence Fax No: ( ) \_\_\_\_\_

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

### Personal References

- Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_
- Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Membership is contingent upon approval by Thorndale, which approval shall be at its discretion. The membership fees are subject to change at the sole discretion of "the owner".

Date: \_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_  
Spouse's Signature

**THORNDALE OAKS**  
**105 W. Quailridge Road, Oxford, NC 27565**  
**Telephone: (919)603-3701**