



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