



Williamsport Country Club
 800 Country Club Drive, Williamsport, PA 17701
 Clubhouse: (570) 323-3709 Pro Shop: (570) 323-3707
 Website: wcc1909.com



ONE MONTH TRIAL MEMBERSHIP

**Submit form in person with \$500 application fee to the Williamsport Country Club office
 A copy of your valid driver's license and current credit card will be filed with your application**

Type of Membership Interested In:

Social

Social & Golf

Trial Memberships must be approved by the Board of Directors prior to activation.
 Activation will be within 48 hours of Board approval.

Credit card information will be place on file during trial period. Failure to pay mailed invoice by cash or check within 30 days of billing, the credit card will be charged invoiced amount PLUS 5% of balance due.
 Fully completed WCC application, proposer/sponsor forms and initiation are due prior to the end of the trial membership for those interested in becoming a Williamsport Country Club Member.

 Signature Date

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE: _____

_____ CELL PHONE: _____

HOME EMAIL: _____

PRESENT BUSINESS OR PROFESSION: _____

NAME OF FIRM: _____ POSITION HELD: _____

& ADDRESS: _____ TELEPHONE: _____

_____ BUSINESS EMAIL: _____

Marital Status _____ Spouse's Name _____ Birth Date _____

Names of Dependent Children Date of Birth

Current Williamsport Country Club Member, in good standing, who have agreed to propose:

Proposer: _____

Office Use Only:
 Trial Membership Approved/Begins: _____ Trial Membership Ends: _____
 Rec'd Full Application: _____ First Reading: _____ Second Reading: _____
 Membership Type: _____ Class #: _____



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Williamsport Country Club Trial Membership - Credit Card Authorization Form

CARDHOLDER INFORMATION

WCC Trial Membership Account Number _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: (____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____

*Credit card will only be used for delinquent accounts