



Trial Membership Application
69772 Highway 395 South
Pendleton OR 97801
541-443-8874
www.pendletoncc.com

Member# _____

Date _____

I hereby apply for a trial membership, subject to the By-Laws and Rules of Pendleton Country Club.

Member Name _____ Birth Date _____

Email Address _____ Cell Phone _____

Employed By _____ Nature of Business _____

Spouse Name _____ Birth Date _____

Email Address _____ Cell Phone _____

Employed By _____ Nature of Business _____

Home Address _____ City _____ State _____ Zip _____

Children's names & birth dates _____

Is your spouse interested in Golf? _____

Member Reference (1) _____ Phone _____

Member Reference (2) _____ Phone _____

Names of other clubs of which you are a member: _____

Type of membership: Trial

Payment of \$ 199.00 hereby tendered to cover months: _____ through _____, year _____

Trial memberships will automatically cancel after the designated 60 day period. Members who choose to continue membership following the trial period will be excluded from all initiation fees and will only be responsible for stock purchase at joining. Thank you for your interest in our club and we hope you truly enjoy your membership at The Golf Course at PCC. Please contact Tyler, PCC General Manager, if you have any questions or concerns.

Applicants Printed Name

Applicants Signature