



2024 APPLICATION FOR WINDANCE MEMBERSHIP:

(please circle one)

Pool Member

Social Member

(please print)

Member Name: _____

Billing Address: _____

Phone # Cell: _____

Email Address: _____

Have you ever been a Member at Windance Country Club: YES NO

Spouse Name: _____

Phone # Cell: _____

Children listed on Membership (anyone living at the same address as above, or minor grandchildren of the member):

POOL MEMBER: I understand that my Pool Membership is a one time payment of \$375 for the 2024 pool season. I understand that my membership is for myself, spouse, and children still living in the household, along with minor age grandchildren of the member. Other relatives are not allowed to check in on my membership. All guests will be required to pay a \$5 pool guest fee.

SOCIAL MEMBER: I understand that my Social Membership is a \$50 monthly fee for at least 12 months that will be billed by the casino. I will receive a Member Card that will allow me to receive Member benefits. I understand that the above rules for the pool apply to this membership level as well.

Signature: _____

Date: _____

For Internal Use Only:

Date Completed: _____ Pool Member, Paid: \$375.00 Type of Payment: _____

Employee Name: _____ Employee Number: _____

Pool Rules/Member Benefits Given to All Applicants (circle one): YES NO