

Back Woods Quail Club

Membership Application

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ **(Home)**

_____ **(Work)**

_____ **(Mobile)**

EMAIL: _____

PLEASE LIST ADDITIONAL FAMILY MEMBERS:

* All membership fees will be due annually on the anniversary of the start-up date listed above. If you do not renew your membership within 30 days of your renewal date you will be charged a \$100 reinstatement fee in addition to your annual dues.

* Back Woods Quail Club reserved the right to revoke membership privileges at any time for any reason.

* Please Fax this application to 843-546-6920 or mail to:
Back Woods Quail Club 647 Hemingway Lane, Georgetown, SC 29440