

**FOXCROFT HILLS SWIM & RACQUET CLUB**  
**Membership Application**

**FAMILY NAME:**

**Member Name:**

**Date of Birth:**

**Spouse/Partner Name:**

**Date of Birth:**

**Children:**

**Date(s) of Birth:**

---

**Street Address:**

**City, State & ZIP:**

**Primary Telephone:**

**Primary Email:**

**Secondary Telephone:**

**Secondary Email:**

Applications for non-resident membership must be endorsed by **two** resident members. Please consult the website for applicable street names. Provide your references and have them email the endorsements to [membership@foxcroft hills.com](mailto:membership@foxcroft hills.com)

**Resident #1:**

**Resident #2**

**A non-refundable \$250 application fee is required to get on the waiting list. Once a spot opens the one-time initiation fee and annual dues will be required at that time. The club will contact you as soon as a spot is available.**

**Signature of Applicant:**

**Date:**

Return application to Foxcroft Hills Swim & Racquet Club  
2301 Sedley Road, Charlotte, NC 28211  
ATTN: Membershin