

To: Resorts of Pinehurst Inc.

From:

P. O. Box 4000
Pinehurst, NC 28374
Phone (910) 235-8103
Fax (910) 235-8136

PROPERTY DESCRIPTION: PHASE _____ UNIT _____ LOT _____

NAME OF OWNER: _____

MEMBERSHIP: YES _____ NO _____

MEMBERSHIP CURRENT: YES _____ NO _____

COMPLETED BY: _____ DATE: _____

***THIS INFORMATION IS VALID AS OF THE DATE ABOVE.

Relator Partnership Form

Date: _____ **Membership Office Representative:** _____

Potential Member

Potential Members Name: _____

Potential Members Address: _____

Potential Members Phone Number: _____

Additional Information: _____

Realtor Information

Realtor: _____ Real Estate Company: _____

Realtor's Address: _____

Realtor's Phone Number: _____

Called In

**Visited
Membership
Office**

Other

Action Took By Membership Office: _____

Date Membership Activated: _____