



Oak Mountain Golf Club
Membership Application

FOR OFFICE USE:
 Date of Entry _____ Amt Paid: _____ Member# _____

1997 I was referred by: _____ Member # _____ (Referral is not required for entry into the club)

I WISH TO JOIN UNDER THE FOLLOWING MEMBERSHIP & DUES BILLING OPTION

TRADITIONAL - Family [] Individual [] SUB CATEGORIES: Traditional [] Senior [] Young Professional [] Young Executive [] OMGC Resident [] Weekday Only []	SOCIAL - Family [] SUB CATEGORIES: Social [] Senior [] Young Professional [] Young Executive [] OMGC Resident []
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ANNUAL DRIVING RANGE PROGRAM BILLING OPTION: This program provides unlimited range balls at Oak Mountain Golf Club for you and anyone included in your membership. Please indicate if you would like to be billed annually or quarterly. I choose the following annual range billing option:
 ANNUALLY (\$240) MONTHLY (\$30)

UNLIMITED CART & RANGE: \$120 FAMILY \$90 INDIVIDUAL
OTHER MEMBER SERVICES: Bag Storage \$5 monthly per bag (# of bags _____)

Name _____ Birthdate _____
 Spouse's Name _____ Birthdate _____
 Children _____ Gender _____ Birthdate _____
 _____ Gender _____ Birthdate _____
 _____ Gender _____ Birthdate _____

Home Address _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Spouse's E-Mail: _____

Billing Address (if different): _____

City: _____ State _____ Zip _____

Employed by: _____

Position: _____ Business Phone: _____

If you currently have an established USGA Handicap, please include GHIN numbers to allow us to transfer your handicap information. (Included in the first year)

PAYMENT: Please provide a credit card to keep on file. No charges will be applied unless authorized or if account is 60 days past due.

Credit Card Type (All new members must provide a credit card) Visa Mastercard AMEX Discover

Credit Card Number: _____ Expiration Date: _____

PAYMENT OPTIONS: You can automatically pay your dues and charges with your credit/debit card. This system is worry free as you will always receive a detailed statement via mail or email prior to being charged. To enroll in this program, simply check the appropriate box listed below:

- I would like to enroll in the automatic withdrawal for monthly bill & charges using the credit card listed above.
- I do not wish to enroll in automatic withdrawal. I will mail or drop off a check to pay my club bill each month

Upon signing this application, I authorize the disclosure and release of information requested by the Club for investigating my qualifications for membership, including without limitation my credit history. I agree to be responsible for the charges incurred by my family or myself. I agree to abide by all rules and regulations now in effect at the club and any amendments thereto which may be made from time to time:

I agree to remain a member for at least one-year after which time I can resign by providing the club with 30 days written notice. I understand that I am responsible for all dues and applicable fees during the 30-day notice period. If I should resign before one year, I agree to pay a cancelation fee equivalent to the amount of dues left on the contract. Inactive & medical absence months do not count towards the contract length.

INITIAL _____

Signature: _____

Date: _____