

Membership Application

Special no Joining Fee Promotion

Name: _____

Referred by: _____

Billing Address _____

City _____ St _____ Zip _____

Telephone _____
(Day) (Night)

Email Address _____

Fee Schedule:

Basic Membership

\$ _____

Cart Plan

\$ _____

Range Plan

\$ _____

Eligible Family Members:

(Name) (Relationship) Age _____

(Name) (Relationship) Age _____

(Name) (Relationship) Age _____

(Name) (Relationship) Age _____

Terms for payment are net due on the 1st of each month. I agree to pay all charges on my account promptly. I agree to abide by all the rules of the Okatoma Golf Club. I understand that the rules are for the enjoyment of players and to maintain a quality golf facility **I understand that this is a 12 month contract and my dues will be automatically deducted from my checking account for a minimum of 12 months and I may cancel my membership any time after my 12 months contract.**

Signature

Date

Membership Rates:

One time joining fee \$300

DOB: _____ (Age 21-30 years)

Out of Town Membership \$60

Basic Membership \$80

Cart Plan \$70

Associate Membership \$55

Range Plan \$25

Have Questions? Call 765-1841