

# Owosso Country Club Member Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  M  F  Other

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Have you been a member before?  Yes  No If yes, when? \_\_\_\_\_

Marital Status:  Single  Married  Widow

Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

# of Dependents: \_\_\_\_\_ Names of Dependents (if family membership): \_\_\_\_\_

How/Whom did you hear about us? \_\_\_\_\_

Membership you are selecting (please select 1)

### Non-Stockholding Member

High School \$500

Jr. 18-20 \$820

Jr 21-25 \$1370

Jr 26-30 \$2020

Jr 31-35 \$2660

Jr 36-40 \$3480

*Minimums \$100m May-Sept for Jr 21-40 only*

### Social Memberships

Social Dining \$35 annually

Social Golf \$145 annually (3 rounds only)

### Stockholding Member

Family \$4990

Single \$4100

*Minimums \$100m May-Sept*

### Corporate

3 players \$7500

Additional \$2000

*Minimums \$100 per household May-Sept*

### Special

2025 Special \$2025

*Minimums \$100m May-Sept*

I would like to pay  Annually  Monthly

I agree to pay annual dues of \$ \_\_\_\_\_. I may choose to have it billed in twelve equal installments over the twelve-month billing period, January through December, unless I am a social member, in which case, I will make a one-time payment. I also understand the dues may be increased annually and will be notified before I am billed, at which point I may choose to resign my membership. As an active golfing member, I understand I must spend my established minimum each month on Clubhouse food and beverage purchases before tax and service charges from May through September. I understand I will be billed for the remainder if I fail to spend that amount. I also know that while using golf carts, I am responsible for any damage caused at the time of use. I agree to pay for any special assessments as determined by the Board of Directors. **I understand that I will be billed for the entire year's dues and minimum spending if I do not resign in writing by April 1<sup>st</sup> of any given year.** I will read the By-Laws and Member Handbook of the Owosso Country Club and agree to adhere to them. I understand the Board of Directors must approve my membership. I understand the privileges that will be extended to me and agree to pay any fees applicable to the membership. I also understand that a late fee will be applied to any portion of my balance after the 15<sup>th</sup> day of each month.

Checks made payable to **Owosso Country Club**  
PO Box 276  
Owosso, MI 48867

Card payments: **There is a 4% card processing fee.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

