

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? _____

Employed By: _____ Occupation: _____

Spouse's Name: _____ Spouse's Email: _____

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 \$5 annually

☐ Social Golf \$145 annually (3 rounds only)

Stockholding Member

☐ Family \$3900

☐ Single \$3900 or \$325 Monthly

Minimums \$100m May-Sept

Corporate

☐ 3 players \$7500

☐ Additional \$2000

Minimums \$100 per household May-Sept

Special

☐ 2026 Special \$2026

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 a minimum spending of \$100 a month, if I do not resign in writing by April 1st 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 15th 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.**
Credit Card# _____
Expire: _____ **CVV:** _____

Signature: _____

Date: _____