# Owosso Country Club Member Application Form

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

DOB: Click or tap here to enter text. Gender: ☐ M ☐ F ☐Other

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Have you been a member before? ☐Yes ☐ No If yes, when? Click or tap here to enter text.

Marital Status: ☐Single☐ Married ☐ Widow

Employed By: Click or tap here to enter text. Occupation: Click or tap here to enter text.

Spouse's Name: Click or tap here to enter text. Spouse's DOB: Click or tap here to enter text. # of Dependents: Click or tap here to enter text.

Names of Dependents (if family membership): Click or tap here to enter text.

How/Whom did you hear about us? Click or tap here to enter text.

Membership you are selecting (please select 1)

**Non-Stockholding Member**

☐High School $500 *No Minimum*

☐Jr. 18-20 $820 *No Minimum*

☐Jr 21-25 $1370 *$50 Minimum*

☐Jr 26-30 $2020 *$100 Minimum*

☐Jr 31-35 $2660 *$100 Minimum*

☐Jr 36-40 $3480 *$100 Minimum*

**Social Memberships**

☐Social Dining $5 annually

☐Social Golf $145 annually (3 rounds only)

**Stockholding Member**

☐Family$3990

☐Single $3900 or $325 monthly

*Minimums $100 May-Sept*

**Corporate**

☐ 3 players $7500

☐ Additional $2000

*Minimums $100 May-Sept*

**Special**

☐2026 Special $2026

*Minimums $100 May-Sept*

I would like to pay ☐Annually ☐Monthly

I agree to pay annual dues of $Click or tap here to enter text. I may choose to have 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 am required to spend my established minimum each month on Clubhouse food and beverage purchases before tax and service charges from May through October. I understand I will be billed for the remainder if I fail to spend that amount. 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 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.**

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.