



2010 Membership Application/Renewal

Name: _____

Spouse (Family Membership): _____

Address: _____

City/State/Zip: _____

Phone: () _____ 2. () _____

Email(s): _____

Dependants: 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Initiation Fee: \$ _____

2010 Dues: \$ _____

2010 Golf Fee: \$ _____

2010 Locker: \$ **Full 2010**

2010 Handicap: \$ _____

Total: \$ _____

Type of Membership:

Resident Single _____

Resident Family _____

Non Resident Single _____

Non Resident Family _____

Life Member _____

*Deduct 10% of your applicable
Dues fee if paying annually by*

*January 15, 2010 **(Dues Only)***

Dues are payable by the 15th of the month billed. If dues are not paid by the last day of that month you will incur a \$25 late fee. If not paid by the 15th of the following month, membership privileges may be suspended. If not paid by the next billing quarter, membership may be terminated.

By signing below, I agree to abide by the Rules and Regulations attached, as prescribed by The Oak Island Golf Club. I understand that the Rules, Regulations and Rates are subject to change by the management of The Oak Island Golf Club. The person signing document is accepting responsibility for all that fall under this annual membership.

Signature

Date