



# OSWEGO COUNTRY CLUB APPLICATION FOR MEMBERSHIP

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

... Please Print Clearly / Attach Additional Page(s) If Needed ...

## MEMBERSHIP CLASSIFICATION (check one / see attached instructions):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Young Adult Primary (18-30) | <input type="checkbox"/> Adult Primary (41-69) | <input type="checkbox"/> Senior Primary Weekday (70+) |
| <input type="checkbox"/> Young Adult Full (18-30)    | <input type="checkbox"/> Adult Full (41-69)    | <input type="checkbox"/> Senior Full Weekday (70+)    |
| <input type="checkbox"/> Junior Primary (31-40)      | <input type="checkbox"/> Senior Primary (70+)  | <input type="checkbox"/> College Student (Full Time)  |
| <input type="checkbox"/> Junior Full (31-40)         | <input type="checkbox"/> Senior Full (70+)     | <input type="checkbox"/> High-School Student          |
| <input type="checkbox"/> 75 Mile Membership          | <input type="checkbox"/> Social Membership     |   |

## PERSONAL INFORMATION

## MEMBER NUMBER \_\_\_\_\_

_____		_____		_____	
First Name	Middle	Last Name			
_____		_____		_____	
Address		City	State	Zip	
_____		_____		_____	
Home Phone	Cell Phone	E-Mail	Date of Birth		
_____		_____		_____	
Spouse's / Partner's Name	Spouse / Partner Cell Phone	Spouse / Partner E-Mail	Date of Birth		
_____		_____		_____	
Please Circle	Child / Grandchild Name	M / F	Date of Birth		
_____		_____		_____	
Please Circle	Child / Grandchild Name	M / F	Date of Birth		
_____		_____		_____	
Please Circle	Child / Grandchild Name	M / F	Date of Birth		
_____		_____		_____	

## EMPLOYMENT INFORMATION

_____		_____		_____	
Applicant's Employer		Position	Work Phone		
_____		_____		_____	
Address		City	State	Zip	
_____		_____		_____	
Spouse's / Partner's Employer		Position	Work Phone		
_____		_____		_____	
Address		City	State	Zip	
_____		_____		_____	

## BANK REFERENCES

_____		_____	
Bank or Credit Union		Address	
_____		_____	
Bank or Credit Union		Address	
_____		_____	

**PRESENT AND PREVIOUS AFFILIATIONS**

Golf or Country Club	Address	Length of Membership
Social, Business or Fraternal Organization	Address	Length of Membership
Social, Business or Fraternal Organization	Address	Length of Membership

**OPTIONAL FEES:**

**GHIN Handicap Registration - (\$32.00 + 2.56 Tax Each) How Many Registrations Needed: \_\_\_\_\_**

**MEMBER ENDORSEMENTS**

Signature of Proposer	Print Name	Date
Signature of Seconder	Print Name	Date
Signature of Seconder	Print Name	Date

**APPLICANT'S AFFIRMATION**

I agree that if accepted as a member of the Oswego Country Club, I will abide by the Constitution, By-Laws, rules and regulations of Oswego Country Club. I also understand that I am obligated to pay the dues and house minimum fees in accordance with the established Club fees and policies as outlined in the attached schedule.

Signature of Applicant	Date
Signature of Spouse or Domestic Partner	Date

***NOTE: ALL APPLICATIONS REGARDLESS OF LEVEL ARE SUBJECT TO REVIEW AND APPROVAL OR DISAPPROVAL BY THE OSWEGO COUNTRY CLUB BOARD OF DIRECTORS. APPLICANTS WILL BE NOTIFIED OF ACCEPTANCE OR DENIAL***

=====

**CLUB REQUESTED INFORMATION:**

**PLEASE LET US KNOW HOW YOU HEARD OUT ABOUT OSWEGO COUNTRY CLUB?**

Current Member     Former Member     OCC Website     Web Advertisement

Newspaper Advertisement     Member of a Tournament     Social Function at the Club

Other Please Describe \_\_\_\_\_

**APPLICATION PROCESSING**

Application Received By	Date Received
APPROVED    REJECTED    RETURNED FOR ADDITIONAL INFO	Date
Board Action	