

OAK KNOLLCOUNTRY CLUB Membership Application

Date:			
Name:		DOB:	
Spouse's Name:		DOB:	
Residence Address:			
City:	State:	Zip:	
Cell Phone #:			
Spouse Cell Phone #:			
E-mail:			
Spouse Email:			
Corporate only:			
Business Name:			
Business Address:			
City:	State:	Zip:	
Business Phone #:			
Dependents under the a	ge of 25 living at ho	me, in the military or att	ending
school full time:			
Name:	Birthdate:	Email:	
References by current m	nembers (optional):		
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		

I am respectfully submitting application for membership at Oak Knoll Country Club for the following Membership Classification:

Please check all that apply	
□ Resident □ Non-Resident □ Midweek □ Emeritus □ Honorary □ Social □ Corporate – Each Member of the Corporate will complete an application □ Golf Only □ Team □ Junior □ Tennis □ Roll Plan □ Cart Plan □ Annual Payment	
My Dues are:	
\$Per Month	
Upon acceptance of application for membership, as a Member of Oak Knoll Club, I hereby request for my monthly membership dues to be collected by O Country Club by the following option:	
□ Bill my credit card: Card #Exp. Date CVV	r:
□ Check	
Signature of Applicant:	
Upon acceptance as a member, Oak Knoll Country Club requires new member complete a Membership Agreement, which includes agreeing to the terms see in the Membership Policy and Club Rules before the membership officially be	t forth
Club use Only:	
□ Application Accepted Member #	
□ Initiation Fees and First Month Dues \$	
□ Check # Monthly Dues of:	
□ Cash □ Credit Will Begin:	
□ Application Rejected. Reason:	
Club Signature	