

The Oak Island Golf Club

2019 Membership Application/Renewal

Name: _____

Spouse (Family Membership): _____

Address: _____

City/State/Zip: _____

Phone: () _____ 2. () _____

Email: _____

Dependents: 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

2019 Dues: \$ _____

Discount \$ _____

2019 Handicap: \$ _____

2019 Cart \$ _____

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
December 10, 2018 (Dues Only)
Deduct 5% if paid by January 15th 2019***

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 will be suspended. If not paid by the next billing quarter your membership will 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.

Signature

Date