

APPLICATION FOR ASSOCIATE MEMBERSHIP-2012
SUMMER GOLFER
JUNE-JULY-AUGUST

Name and complete mailing address _____ Date _____
 _____ Email _____
 _____ Phone # _____

I hereby request a SUMMER GOLFER Associate Membership in the Wawonowin Country Club, Inc., for the 2012 season.

SUMMER GOLFER

SINGLE \$ 515.00

FAMILY (TWO GOLFERS) \$ 670.00

Name	Relationship	Birthdate (if Child)	Grade(if Child)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

2. _____

Family Additional Members:		
Name	Birthdate	Grade
3. _____	_____	\$ 50.00
4. _____	_____	\$ 50.00

3. _____ \$ 50.00

4. _____ \$ 50.00

Children must be under 23 years of age, still in school & living at home

Unmarried Couples must provide copies of both drivers' licenses

SUMMER GOLFER: GOLFING PRIVILEGES ONLY JUNE-JULY-AUGUST
CANNOT BE A STOCKHOLDER(if currently own stock, the stock must be given up)
NOT ELIGIBLE TO PLAY IN ANY LEAGUES
CANNOT HAVE A CART STALL
USE OF BAR & DINING AS GUEST OF REGULAR MEMBER ONLY

REFUND I elect to withdraw my shareholder membership and apply for a Stock Refund. Request for refund must be accompanied by signed stock certificate. Both parties are required to sign if held jointly.

FOR OFFICE USE ONLY

Approved _____

 Signature of Applicant

Date Paid _____