



Wawonowin COUNTRY CLUB, INC.

3432 COUNTY ROAD 478 • PHONE (906)485-5660 • CHAMPION, MICHIGAN 49814

2019 Application for Membership - Student - High School and under

Name: _____ Date of Birth: _____
 Address: _____ Name of School: _____
 _____ Current Grade as of May: _____
 Email: _____ Phone: _____

Type of Membership:

STUDENT

<input type="checkbox"/>	Student	\$180.00
<input type="checkbox"/>	Grandchild of current member	\$90.00

*Parents are NOT members

Today's Date: _____

I hereby request a Student membership in the Wawonowin Country Club, Inc. for the 2019 golf season.

I agree to abide by all the rules and times of playing golf as stipulated by the Pro Shop. I also understand this membership may be terminated through my violation of rules and conduct detrimental to the Club.

I also understand the membership does not entitle me to full Club privileges such as voting rights and Clubhouse privileges. Associate (High School) Members have golfing privileges only and are eligible to play in the Championship Flight and First Flight of the Club Championship Tournament only.

A Student Membership Card will be issued to the membership applicant upon approval of this completed form and on receipt of payment of \$180 or \$90 fee.

Signature of applicant

*Graduating seniors will be accepted for Student Membership ONLY if purchased before the end of the year.

FOR OFFICE USE ONLY

Approved: _____

Date Paid: _____ \$180 \$90