



Wawonowin COUNTRY CLUB, INC.

3432 COUNTY ROAD 478

• PHONE (906)485-5660

• CHAMPION, MICHIGAN 49814

2025 Application for Membership - Summer Golfer

Name: _____

Date: _____

Address: _____

Phone Number: _____

City: _____

Email: _____

I (we) submit this application for membership to Wawonowin Country Club, Inc., subject to approval of the Board of Directors.

Type of Membership:

SUMMER

<input type="checkbox"/>
<input type="checkbox"/>

SINGLE

\$490.00

FAMILY - two or more

\$640.00

List Family Members, yourself included.

Name - Relationship - Birthdate - Grade (if child)

- 1 _____
- 2 _____
- 3 _____
- 4 _____

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

Unmarried couples must include copies of drivers' licenses.

CHOOSE **ONE** TWO-CONSECUTIVE MONTH PERIOD

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MAY 1 - JUNE 30

☐

JULY 1-AUGUST 31

☐

JUNE 1 - JULY 31

☐

AUGUST 1 - SEPTEMBER 30

Summer membership:

GOLFING ONLY

NOT ELIGIBLE TO PLAY IN ANY LEAGUE

CANNOT BE A STOCKHOLDER

CANNOT HAVE A CART STALL

MUST BE A GUEST OF FULL MEMBER TO USE DINING & BAR

FOR OFFICE USE ONLY

Signature of applicant

Date

Approved: _____

Date Paid: _____