



Wawonowin COUNTRY CLUB, INC.

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

2025 Application for Membership - College*

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

Type of Membership:

COLLEGE

<input type="checkbox"/>	Student	\$340.00
<input type="checkbox"/>	Child/Grandchild of Current member	\$170.00

Today's Date: _____

*Full time (12 hours or more per semester) student to age 25

Proof of full time status MUST BE attached to this application

I hereby request a College Membership in the Wawonowin Country Club, Inc. for the 2025 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 College Membership Card will be issued to the membership applicant upon approval of this completed form and on receipt of payment of \$310 or \$155 fee.

Signature of applicant

FOR OFFICE USE ONLY

Approved: _____

Date Paid: _____ \$340 \$170