



Wawonowin COUNTRY CLUB, INC.

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

2025 Application for Membership - Student - High School and under

Name: _____

Date of Birth: _____

Address: _____

Name of School: _____

City: _____

Current Grade as of May: _____

Email: _____

Phone: _____

*Parent/Guardian

*Parent/Guardian

Email: _____

Phone: _____

Type of Membership:

STUDENT

Student

\$200.00

Child/Grandchild of a member

\$100.00

Today's Date: _____

I/We hereby request a Student membership in the Wawonowin Country Club, Inc. for the 2025 golf season.

I/We agree to abide by all the rules and times of playing golf as stipulated by the Pro Shop. I/We also understand this membership may be terminated through my child's violation of rules and conduct detrimental to the Club. As such, confirm I/We have reviewed and co-signed page 2 of this document titled "Wawonowin Country Club Student Membership Consent & Waivers."

I/We 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 \$200 or \$100 fee.

*Signature of Applicant

*Signature of Parent/Guardian

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

* Required

FOR OFFICE USE ONLY

Approved: _____

Date Paid: _____

\$200

\$100