

CLARION OAKS GOLF CLUB

694 MAYFIELD ROAD
CLARION, PA 16214

2011 APPLICATION FOR MEMBERSHIP

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____

TYPE OF MEMBERSHIP DESIRED: _____ EMAIL ADDRESS _____

SINGLE	BEFORE 12/31/10	01/01/11 - 3/15/11	AFTER 3/15/11
() FAMILY	\$865.00	\$890.00	\$915.00
() MEN'S	\$635.00	\$660.00	\$685.00
() LADIES	\$535.00	\$560.00	\$585.00
() COLLEGE	\$310.00	\$335.00	\$360.00
() JUNIOR	\$185.00	\$210.00	\$235.00

- JUNIOR MEMBERSHIPS ARE RESTRICTED ON AVAILABLE TEE TIMES AND DAYS OF PLAY. MUST BE UNDER 18.

THOSE REQUESTING FAMILY MEMBERSHIPS, PLEASE COMPLETE THIS SECTION.

SPOUSE'S NAME _____
CHILDREN'S NAMES _____ AGE _____
_____ AGE _____
_____ AGE _____

CORPORATE (REQUIRES AT LEAST FIVE MEMBERS FROM THE SAME COMPANY)

() FAMILY	\$790.00	\$815.00	\$840.00
() MEN'S	\$610.00	\$635.00	\$660.00
() LADIES	\$510.00	\$535.00	\$560.00

ALL CORPORATE MEMBERSHIPS MUST BE TURNED IN AT THE SAME TIME. AN APPLICATION MUST BE SIGNED BY EACH INDIVIDUAL. FEES MAY BE PAID BY ONE COMPANY CHEK OR BY INDIVIDUAL CHECKS, PROVIDED THEY ARE ALL SUBMITTED WITH THE APPLICATIONS. PLEASE BE SURE THAT THE EMPLOYER OR AN AUTHORIZED COMPANY OFFICER SIGNS EACH APPLICATION.

THOSE REQUESTING CORPORATE MEMBERSHIPS, PLEASE COMPLETE THIS SECTION:

COMPANY NAME _____ YOUR POSITION _____
TYPE OF BUSINESS _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ PHONE NUMBER _____
AUTHORIZED OFFICER'S SIGNATURE _____

CART MEMBERSHIPS (TAX INCLUDED)

() FAMILY	\$954.00
() SINGLE	\$768.50

AMOUNT SUBMITTED \$ _____ (MAKE CHECKS PAYABLE TO CLARION OAKS GOLF CLUB)

SIGNATURE OF APPLICANT _____ DATE _____