

# Oak Meadow Country Club

## MEMBERSHIP APPLICATION FORM

TELEPHONE : (573) 341-2363

10700 Country Road 3110 Rolla, MO 65401

### Section A

<b>Personal Details</b>					Date of Application	
Surname			Title	First Names		
Date of Birth	Age	Nationality		ID Number / Passport		Marital Status
Applicants Postal Address				Applicants Residential Address		
				Postal Code		
Business		Position			Postal Code	
Phone (Home)	Phone (Work)	Cell No:		e-mail address		
Spouses First Names				Spouses Date of Birth and Cell Number:		

#### Section of membership you wish to join (Please tick)

Golf		Junior		Social		
Golfers must complete this line	Handicap		Date of Last Handicap	/	/	Club where Handicapped

#### Publishing Information

May Oak Meadow Country Club Publish your contact information in our club directory? Please check one

		Yes	NO		
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### Section B

References known to the applicant. Preferably club members (Not Proposer or Seconder)

1 RefereceName	Occupation	Membership No	No Years Known	Date	Phone (Home)
<u>Notes</u>					Phone (Work)
2 Reference Name	Occupation	Membership No	No Years Known	Date	Phone (Home)
<u>Notes</u>					Phone (Work)
3 Reference Name	Occupation	Membership No	No Years Known	Date	Phone (Home)
<u>Notes</u>					Phone (Work)

# Section C

## Particulars of Prior Membership

Have you ever been requested to resign from, being in default, been refused membership to or been requested to withdraw any application on the Oak Meadow Country Club or any other club?		Yes	No
If yes give full details and particulars of Club/s, circumstances			
Are you a member of any other Golf or Country club?		Yes	No
Name of Club		Date Joined	Years a Member
			Office Held
Are you or have you ever been a member of any other sporting club?		Yes	No
Name of Club		Date Joined	Years a Member
			Office Held
Name of Club		Date Joined	Years a Member
			Office Held

# Section D

## To be completed by applicant

### To be completed for applicants for junior membership

I accept and agree to be bound by the Rules and Regulations of the Oak Meadow Country Club (OMCC), and acknowledge that any incorrect statement on this application form may invalidate this application or may nullify any election to membership.		As the parent / guardian / sponsor of the above mentioned applicant, I agree that if he/she is elected, I will in addition to being responsible for his/her conduct as a member of the Club also meet any unpaid debts, liabilities and obligations which he/she may incur towards the Club prior to reaching the age of 18 (eighteen) years.	
Signature of Applicant		Signature of Applicant	
Name and Address of the Applicants Guardian		Phone Number of Guardian Work	
		Phone Number of Guardian Cell	
		Phone Number of Guardian Home	

# Section E

## To be completed by reference and/or member of OMCC is applicable

Please list reason for recommendation of this person/persons


# For Office Use

Date Received by OMCC Office		Membership Number Allocated		Section Chairperson Signature / Candidate Accepted
Date Handed to Section		Golf	Junior	Social
Date Candidate Interviewed by Section		Comments		
Date Candidate Orientated				
Signature of Official	Date Notification	Membership Number	Authorized charge amount \$:	