

Oakdale Golf and Country Club

New Member Nomination Form

(Please type or print)

Full Name of Nominee _____ Citizenship _____

Social Security Number _____ Date/Place of Birth _____

Full Name of Spouse _____ Citizenship _____

Social Security Number _____ Date/Place of Birth _____

Marital Status _____ Date and Place of Marriage _____
(Copy of Marriage Certificate Required)

Residence Address _____

Business Address _____

Home Phone _____ Business Phone _____ Fax _____

Statements to be mailed to: Residence _____ Business _____ E-Mail Address _____

Spouses E-Mail address _____

Firm name _____ Position _____

Occupation _____ Gross Monthly Income _____

Firm Name (Spouse) _____ Position _____

Occupation _____ Gross Monthly Income _____

Unmarried Children: (Under 21 years of age)

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

References (not relatives) please provide complete address and phone number.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Credit References: Please provide at least two creditors.

Creditor _____ Account Number _____

Address _____

Creditor _____ Account Number _____

Address _____

Creditor _____ Account Number _____

Address _____

Club and Lodge Affiliation: (Give name and address of each organization)

Club _____

Club _____

In case of emergency, please notify: _____ Phone _____

I hereby apply for Membership at Oakdale Golf and Country Club. I agree if accepted, to be bound by all its present and future By-Laws, and by any action of the Board of Directors taken under said By-Laws. I certify that the information given is part of this nomination form and that it is correct and true.

I hereby give permission to Oakdale Golf and Country Club to obtain a credit check and verify any and all information set forth in this application. I hereby waive any rights to damages against the Club, any Member of the Club, or any Member of the Board of Directors because of any action taken by them relating to this application.

A refundable deposit of \$_____ is submitted with this nomination form. If accepted for membership I understand that I must pay the balance of my membership fees within five days after notification of acceptance. Membership privileges shall be effective on the first day of the month following acceptance by the Board and payment of all amounts due.

Referred by _____

Date _____ Nominee's signature _____

Spouse's signature _____

NOTICE: This nomination form will be subject to change without notice.

Approved _____ Disapproved _____ Date _____