



OSWEGO COUNTRY CLUB APPLICATION FOR MEMBERSHIP

Date: _____

... Please Print Clearly / Attach Additional Page(s) If Needed ...

MEMBERSHIP CLASSIFICATION (check one / see attached instructions):

- | | | |
|--|--|---|
| <input type="checkbox"/> Young Adult Primary | <input type="checkbox"/> Adult Primary | <input type="checkbox"/> Senior Primary Weekday |
| <input type="checkbox"/> Young Adult Full | <input type="checkbox"/> Adult Full | <input type="checkbox"/> Senior Full Weekday |
| <input type="checkbox"/> Junior Primary | <input type="checkbox"/> Senior Primary | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Junior Full | <input type="checkbox"/> Senior Full | <input type="checkbox"/> High-School Student |
| <input type="checkbox"/> 75 Mile Membership | <input type="checkbox"/> Social Membership | |

PERSONAL INFORMATION

MEMBER NUMBER _____

| | | | |
|---------------------------|-----------------------------|-------------------------|---------------|
| _____ | | | |
| First Name | Middle | Last Name | |
| _____ | | | |
| Address | City | State | Zip |
| _____ | | | |
| Home Phone | Cell Phone | E-Mail | Date of Birth |
| _____ | | | |
| Spouse's / Partner's Name | Spouse / Partner Cell Phone | Spouse / Partner E-Mail | Date of Birth |
| _____ | | | |
| Please Circle | Child / Grandchild Name | M / F | Date of Birth |
| _____ | | | |
| Please Circle | Child / Grandchild Name | M / F | Date of Birth |
| _____ | | | |
| Please Circle | Child / Grandchild Name | M / F | Date of Birth |
| _____ | | | |

EMPLOYMENT INFORMATION

| | | | |
|-------------------------------|----------|------------|-----|
| _____ | | | |
| Applicant's Employer | Position | Work Phone | |
| _____ | | | |
| Address | City | State | Zip |
| _____ | | | |
| Spouse's / Partner's Employer | Position | Work Phone | |
| _____ | | | |
| Address | City | State | Zip |
| _____ | | | |

PRESENT AND PREVIOUS AFFILIATIONS

| | | |
|--|---------|----------------------|
| _____ | | |
| Golf or Country Club | Address | Length of Membership |
| _____ | | |
| Social, Business or Fraternal Organization | Address | Length of Membership |
| _____ | | |
| Social, Business or Fraternal Organization | Address | Length of Membership |
| _____ | | |

OPTIONAL FEES:**GHIN Handicap Registration - (\$20.00 + 1.60 Tax Each) How Many Registrations Needed: _____****MEMBER ENDORSEMENTS**

| | | |
|--------------------------------|---------------------|---------------|
| _____ Signature of Proposer | _____ Print Name | _____ Date |
| _____ Signature of Seconder | _____ Print Name | _____ Date |
| _____ Signature of Seconder | _____ Print Name | _____ Date |

APPLICANT'S AFFIRMATION

I agree that if accepted as a member of the Oswego Country Club, I will abide by the Constitution, By-Laws, rules and regulations of Oswego Country Club. I also understand that I am obligated to pay the dues and house minimum fees in accordance with the established Club fees and policies as outlined in the attached schedule.

| | |
|--|---------------|
| _____ Signature of Applicant | _____ Date |
| _____ Signature of Spouse or Domestic Partner | _____ Date |

NOTE: ALL APPLICATIONS REGARDLESS OF LEVEL ARE SUBJECT TO REVIEW AND APPROVAL BY THE OSWEGO COUNTRY CLUB BOARD OF DIRECTORS. APPLICANTS WILL BE NOTIFIED OF ACCEPTANCE OR DENIAL

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PLEASE LET US KNOW HOW YOU HEARD OUT ABOUT OSWEGO COUNTRY CLUB?

Current Member ☐ Former Member ☐ OCC Website ☐ Web Advertisement ☐
Newspaper Advertisement ☐ Member of a Tournament ☐ Social Function at the Club ☐
Other Please Describe _____

APPLICATIONS:

Please include your letter of introduction as well as a letter of recommendation from the person or persons proposing you for membership. Original copies of these documents should be delivered to the club via mail or in person. There is a mailbox in the front entryway as well as a mail slot in the office door located upstairs in the clubhouse.