



Ole Miss Golf Course
APPLICATION FOR MEMBERSHIP

FOR OFFICE USE

Date Received: _____

Membership No.: _____

Corporation Name: _____

Address: _____

Phone: _____

Contact: _____

Name: _____ Driver's License #: _____
(Please print)

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Would you like to register for USGA Handicap Program? Yes No

(Registration for one (1) golfer is included in the membership package. Additional registrations are \$16 annually.)

CORPORATE MEMBERSHIP (✓ CHOICE) \$ 960.00 annually \$ 80.00 monthly

CART PROGRAM (PER MEMBER): \$ 720.00 annually \$ 60.00 monthly

*****MEMBERSHIP APPLICATION FOR ADDITIONAL FAMILY MEMBERS – SEE REVERSE SIDE**

SUMMARY OF ANNUAL FEES

PRIMARY MEMBERSHIP FEE	_____
PRIMARY CART PROGRAM	_____
USGA HANDICAP PROGRAM – 1st registration	N/C
ADDITIONAL MEMBERSHIP FEES (total from reverse)	_____

TOTAL ANNUAL FEES: _____

METHOD OF PAYMENT

In Full \$ _____

Monthly Credit Card # _____

Monthly \$ _____

Visa Mastercard

Monthly PRD _____
(Employee Number)

Expiration Date: _____

- All memberships at the Ole Miss Golf Course are for a period of not less than twelve (12) months. Memberships will automatically be renewed on an annual basis.
- You **MUST** notify the Golf Course Office to cancel your membership.
- For those on a monthly plan, payment of membership account is due on receipt of the monthly statement.

It is understood that if I fail to pay the agreed upon dues and/or comply with the Rules and Regulations set forth by the Ole Miss Golf Course, I will be subject to suspension or expulsion by the Ole Miss Golf Course.

Signature: _____ Date: _____

ADDITIONAL FAMILY MEMBERS: *(Spouse or unmarried child under 19 residing with Member)*

1st Additional Member \$200.00 (Annual) \$17.00 (Monthly)

Name: _____

Relationship: _____ Date of Birth: _____

CART PROGRAM? Yes No

USGA HANDICAP PROGRAM? Yes No *(Registration for one (1) golfer is included in the membership package. Additional registrations are \$16 annually.)*

CHARGE PRIVILEGES? Yes No

2nd Additional Member \$160.00 (Annual) \$13.00 (Monthly)

Name: _____

Relationship: _____ Date of Birth: _____

CART PROGRAM? Yes No

USGA HANDICAP PROGRAM? Yes No

CHARGE PRIVILEGES? Yes No

3rd Additional Member **(No additional Charge)**

Name: _____

Relationship: _____ Date of Birth: _____

CART PROGRAM? Yes No

USGA HANDICAP PROGRAM? Yes No

CHARGE PRIVILEGES? Yes No

4th Additional Member **(No additional Charge)**

Name: _____

Relationship: _____ Date of Birth: _____

CART PROGRAM? Yes No

USGA HANDICAP PROGRAM? Yes No

CHARGE PRIVILEGES? Yes No

5th Additional Member **(No additional Charge)**

Name: _____

Relationship: _____ Date of Birth: _____

CART PROGRAM? Yes No

USGA HANDICAP PROGRAM? Yes No

CHARGE PRIVILEGES? Yes No

SUMMARY OF FEES FOR ADDITIONAL MEMBERS

ADDITIONAL MEMBERSHIP FEES _____

CART PROGRAMS (# _____ x \$720.00) _____

USGA HANDICAP PROGRAM (# _____ x \$16.00) _____

TOTAL ADDITIONS FEES: _____