

COLUSA GOLF & COUNTRY CLUB

P.O. BOX 827 – COLUSA, CALIFORNIA 95932

TELEPHONE: PRO SHOP 458-5577 OFFICE 458-7057

APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

PHONE: _____ OTHER PHONE _____

EMAIL: _____ OTHER EMAIL _____

EFFECTIVE JANUARY 1, 2024 NEW MEMBERSHIPS WILL REQUIRE A \$100 ENROLLMENT FEE.

ABOVE WOULD LIKE TO MAKE APPLICATION TO PURCHASE A MEMBERSHIP WITH THE COLUSA GOLF & COUNTRY CLUB. IF ACCEPTED I WILL PAY ADVANCE OF DUES FOR:

() SINGLE GOLFER @ \$125.00 per month ONE PERSON MAY PLAY GOLF AS OFTEN AS HE OR SHE WISHES. OTHER MEMBERS OF FAMILY MUST PAY REGULAR GREEN FEES. FAMILY IS ENTITLED TO ALL SOCIAL BENEFITS OF THE CLUB ONLY MEMBER CAN VOTE.

() FAMILY GOLFER @ \$140.00 per month HUSBAND, WIFE AND CHILDREN UNDER THE AGE OF 21 MAY PLAY AS OFTEN AS DESIRED. FAMILY IS ENTITLED TO ALL BENEFITS OF THE CLUB. FAMILY HAS ONLY ONE VOTE.

() SOCIAL MEMBERSHIP @ \$55.00 per month MEMBER IS ENTITLED TO BENEFITS OF CLUB AS FOLLOWS: MEMBER DISCOUNT ON CLUBHOUSE RENTAL AND PRO SHOP. CLUBHOUSE PRIVILEGES AND INVITATIONS TO ALL CLUB EVENTS. DISCOUNTED DAY OF GOLF FOR ONE, ONCE PER MONTH, WITH MEMBER DISCOUNT ON CART. OPEN TO NEW MEMBERS ONLY. MEMBERSHIP HAS NO VOTE.

I WISH TO PAY MY DUES _____ MONTHLY _____ QUARTERLY _____ ANNUALLY

I HAVE A CART: _____ OFF COURSE _____ GAS _____ ELECTRIC _____

ALL DUES MUST BE KEPT CURRENT. CART AND SHED PRIVILEGES ARE NOT TRANSFERABLE. IT IS UNDERSTOOD THAT THE MEMBERSHIP TYPE SELECTED WILL BECOME EFFECTIVE ON THE FIRST DAY OF THE MONTH FOLLOWING APPROVAL OF THE MEMBERSHIP APPLICATION BY THE BOARD OF DIRECTORS OF THE CLUB (UNLESS OTHER ARRANGEMENTS ARE MADE PRIOR). THE MEMBER IS RESPONSIBLE TO NOTIFY THE CLUB, IN WRITING, 30 DAYS PRIOR IF RESIGNING MEMBERSHIP. ALL DUES ASSESMENTS OWED AT THE TIME OF RESIGNATION ARE DUE AND PAYABLE. MEMBERSHIPS ARE RETAINED BY COLUSA GOLF AND COUNTRY CLUB.

HAVE YOU EVER BEEN A MEMBER OF COLUSA GOLF AND COUNTRY CLUB? _____

DATE

SIGNATURE OF PURCHASER

START DATE _____

- IN ORDER TO PROPERLY EVALUATE YOUR MEMBERSHIP APPLICATION WOULD YOU PLEASE
FURNISH THE FOLLOWING INFORMATION?

1. CURRENT OR PRIOR NCGA HANDICAP NUMBER: _____

2. NAMES AND LOCATION OF PRIOR GOLF CLUBS WHICH YOU WERE A MEMBER OF INCLUDING COLUSA GOLF AND COUNTRY CLUB:

1. _____

2. _____

3. _____

3. LIST NAMES AND PHONE NUMBERS OF CURRENT COLUSA GOLF MEMBERS AS

REFERENCES:

1. _____

2. _____

3. _____

FAMILY MEMBERSHIP: PLEASE COMPLETE THE FOLLOWING

MEMBER _____

SPOUSE _____

CHILD _____ DATE OF BIRTH _____

CHILD _____ DATE OF BIRTH _____

CHILD _____ DATE OF BIRTH _____

CHILD _____ DATE OF BIRTH _____

CHILD _____ DATE OF BIRTH _____

CHILD _____ DATE OF BIRTH _____