

**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 ASSESSMENTS 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 \_\_\_\_\_