



First Letter of
Last Name:

(To Be Completed by WMGC) Member #:

Application for Membership

- Membership at Wil-Mar Golf Club covers all **Greens Fees** for the term of the membership.
- Memberships coincide with the Calendar Year (Jan. 1 – Dec. 31).
- Fees will be prorated for periods of less than one year, depending on initial date of membership.
- Applicants have the option to make one payment of membership fees with a 10% discount upon receipt of application. Otherwise, a monthly Bank Draft occurring on the **5th OF EVERY MONTH** is the preferred form of payment. The form on the reverse of this page will need to be completed.
(Note: Discount is not applicable to add-on packages of Range Balls and Cart Fees).
- Applicants have the option to choose between a Weekday and Week-Long Membership.
- Applicants have the option to add on packages that covers their Cart Fees and Range Balls for the entire year. These add-ons are not applicable to the aforementioned 10% discount.
- Applicants have the option to add on individual members of their Household to their membership. These household members can also purchase the Cart Fee and Range Balls packages.
- Expired memberships not renewed within **60 DAYS** after December 31st will be subject to a new initiation fee.

5-Day: \$1200			7-Day: \$1400	
New Membership	\$300.00		New Membership	\$300.00
Returning Member	-N/A-		Returning Member	-N/A-
Special Pricing	-\$200.00		**Special Pricing**	-\$200.00
<u>Optional Packages:</u>			<u>Optional Packages:</u>	
Cart Package	\$800.00		Cart Package	\$1,000.00
Range Package	\$400.00		Range Package	\$500.00
<u>Household Options (Write Qty):</u>			<u>Household Options (Write Qty):</u>	
Household Add-On	\$600/Per		Household Add-On	\$700/Per
Household Cart Package	\$400/Per		Household Cart Package	\$500/Per
Household Range Package	\$200/Per		Household Range Package	\$250/Per
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<b>TOTAL:</b>			<b>TOTAL:</b>	

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

**Welcome to the Wil-Mar Family!**

Note: Please complete this form only if you did not opt to pay for membership in full at the time of submitting this application.



## Direct Membership Payment Authorization

I hereby authorize Wil-Mar Golf Club Inc., here after called "WMGC", to initiate debit entries and, if necessary, debit correction and adjustment entries to my(our) account at the financial institution listed below.

(Financial Institution) _____ (Branch) _____

(Address) _____

(City, State) _____ (Zip Code) _____

(Routing Number) _____ (Account Number) _____

I hereby understand that WMGC will debit my account:

\$ _____ (to be calculated by WMGC)

on the **5th** of **every month** and that this value has been accurately determined as per my membership and package selections.

(Authorizing Signature) _____

(Printed Name) _____ (Date) _____

This authority is to remain in full force and effect until WMGC has received written notification from the recipient of its termination in such a time and manner as to afford WMGC a reasonable time to act upon it OR the duration of the yearly membership has expired.

(Authorizing Signature) _____

(Printed Name) _____ (Date) _____

Household Add-On

(To Be Completed by WMGC) Member #: _____

Name: _____

Primary Phone: _____ Secondary Phone: _____

Household Add-On

(To Be Completed by WMGC) Member #: _____

Name: _____

Primary Phone: _____ Secondary Phone: _____

Household Add-On

(To Be Completed by WMGC) Member #: _____

Name: _____

Primary Phone: _____ Secondary Phone: _____

Household Add-On

(To Be Completed by WMGC) Member #: _____

Name: _____

Primary Phone: _____ Secondary Phone: _____

Household Add-On

(To Be Completed by WMGC) Member #: _____

Name: _____

Primary Phone: _____ Secondary Phone: _____