



CLUB MEMBERSHIP CONTRACT

I agree to abide by all the rules, regulations and Bylaws of the Club and to pay all annual dues and fees as required, together with the monthly charges to my account. Oxbow CC rules require that member's accounts must be paid in full within 30 days of the statement date. Past due accounts over 30 days from the date of invoice are subject to a late fee of 1.5% per month (annual percentage of 18%). I understand the Club reserves the right to cancel my membership privileges if I have not fulfilled my obligations by remaining current on my monthly statement.

I understand and agree that my membership is continuous from the time my application is accepted until I terminate by written resignation addressed to the Board of Directors. Written resignations will only be accepted between December 1st and December 31st of each year. The only exception to this policy will be for relocation. I further understand that I am liable for any dues, charges, and food & beverage requirements billed to my account, through the end of the calendar year. ****I am required to make the monthly payments for the entire year of 2011 starting in January of 2011 and the earliest I can terminate my membership is December 1st 2011****

MEMBERSHIP SELECTIONS

Regular Family	_____	Associate	_____
Regular Single	_____	Junior	_____
Senior	_____	Junior Affiliate	_____
Non Resident	_____	Pool/Social	_____

Certificate Paid in Full _____ Promissory Note _____ In the Name of: _____

OPTIONAL SELECTIONS

USGA Handicap(s) and names (husband, wife, children) _____

Mens Locker _____ Mens League Golf _____ Ladies League Golf _____

Signature: _____

Date: _____

Approved by Oxbow: _____

Date: _____

2011 CLUB MEMBERSHIP APPLICATION

Name: _____

Date Birth (mo/day/yr): _____

Spouse: _____

Date Birth (mo/day/yr): _____

Home Address: _____

Anniversary Date (mo/day/yr): _____

City/Zip: _____

Home Phone: _____

Children: _____

Date of Birth (mo/day/yr): _____

Children: _____

Date of Birth (mo/day/yr): _____

Children: _____

Date of Birth (mo/day/yr): _____

E-mail Address: _____

Spouse E-mail Address: _____

NOTE: Newsletters and billing statements will go to the home address unless specified otherwise

Employer: _____

Title: _____

Business Address: _____

Phone: _____

City/Zip: _____

Fax: _____

Spouse Employer: _____

Title: _____

Business Address: _____

Phone: _____

City/Zip: _____

Fax: _____

Member Sponsor: _____