



2018 Olive Glenn Golf Membership Application

Membership Category Applying For:

Corporate: (\$100/month)_____

Gold Family (\$245/mon)_____ Gold Single (\$165/mon)_____

Blue Family (\$150/mon)_____ Blue Single (\$100/mon)_____ Social (\$50/mon)_____

Full Name: _____

Birth Date: _____ Email Address _____

Home Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Job Title: _____

Business Address: _____ Fax: _____

Business Phone: (____) _____ Years Employed: _____

Spouse Full Name: _____

Birth Date: _____ Email Address: _____

Cell Phone: (____) _____ Employer: _____ Job Title: _____

Business Address: _____ Fax: _____

Business Phone: (____) _____ Years Employed: _____

Full names and birthdates of all unmarried children living in applicant's household under the age of 23.

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Any membership level changes can be made to the account in January.

Acceptance of Payment Terms:

_____ **Initials:** If accepted for membership, I hereby agree to pay the full membership initiation fee within 1 (one) week of being accepted (initiation fee waived for 2018). I further agree to pay all membership dues, charges and fees as billed on a monthly basis for a 1 year term. I understand that our account shall be due on the 20th of the month. I understand that I am responsible for all goods and services provided to me by Olive Glenn Golf and that if I fail to pay for these goods and services on an agreed upon schedule, I will additionally be responsible for all costs of collection (including attorney's fees and commissions paid to collection agencies) interest, and court costs.

_____ **Initials:** Accounts that are past due 30 days shall incur a late fee of \$25.00. If my account goes unpaid 60 days after billing, my account shall be suspended and I shall have no charging or golfing privileges at Olive Glenn Golf until account is paid in full. Accounts that go unpaid after 90 days shall be turned over for collection and membership will be terminated.

I understand that by signing this application, I am required to be an active dues paying member of Olive Glenn Golf for no less than 1 (one) year from the date of dues commencement and until such time as I decide to cancel my membership.

_____ **Initials:** I understand I am signing up for a 1 year term. If I cancel my membership prior to the 1 (one) year commitment, I agree to pay the remaining month's dues and account charges to satisfy my commitment.

_____ **Initials:** If I decide to rejoin Olive Glenn Golf after an inactive period, I will be required to pay the initiation fee.

Membership Documents

I/We hereby acknowledge receipt of the Olive Glenn Golf Membership Agreement, The Rules & Regulations and Olive Glenn Golf By-Laws, and that I/We have read and understand them. I/We agree to be bound by the terms and conditions, including any amendments as made by Olive Glenn Golf from time to time.

Above Terms Accepted By Applicant(s):

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Office Use Only

Membership Accepted By: _____

Membership Number: _____

Membership paid by:

_____ Check, # _____

_____ Credit Card

Mail to:

Olive Glenn Golf Club
P.O. Box 26
Cody, WY 82414

Complete if you would like to have automatic monthly payments to be paid by credit card.

Payment of Dues, Fees and Charges:

_____ **Initials:** I hereby acknowledge that all dues and fees at Olive Glenn Golf, together with any applicable taxes or similar charges that are not paid in cash payments, will be billed on a monthly basis.

I authorize any and all charges, including dues and fees, incurred on my account with Olive Glenn Golf and unpaid within 30 days to be charged to the credit card listed below, that was issued to me. If a dispute over charges should arise, it will be brought to the immediate attention of Olive Glenn Golf.

_____ **Initials:** I acknowledge that I am personally responsible for any charges on my account incurred by me, authorized family members or guests.

_____ **Initials:** I will inform Olive Glenn Golf upon the expiration of any card on file.

_____ **Initials:** Please use this card for automatic payments on the 10th of the month.

Credit Card Type _____ **Visa** _____ **MasterCard** _____ **Discover**

Credit Card Number: _____ **Exp. Date:** _____

CVC # _____ **Cardholder Signature:** _____