



MEMBERSHIP APPLICATION

I accept my invitation to membership and provide the following for the Club's use in establishing my membership account at the Club:

NAME _____ SPOUSE _____

CHILDREN/AGES _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL _____

WORK PHONE _____

MEMBERSHIP CATEGORY _____

The undersigned agrees to abide by the Rules and Regulations as revised periodically by Four Oaks Country Club and posted on the Club website during golf season. Membership is a one-year revocable license that is ineligible for refund or resignation. Membership is limited and applications are subject to Club approval. Lower prices apply for those who pay in full with application.

_____ OPTION 1 PRICING: ONE TIME PAYMENT IN FULL BY 12/1/2016

_____ OPTION 2 PRICING: PAY 25% WITH APPLICATION. THREE ADDITIONAL 25%
INSTALLMENTS ON THE 1ST DAY OF THE FOLLOWING 3 MONTHS. ALL
MEMBERSHIPS MUST BE PAID IN FULL BY MARCH 1, 2017 TO QUALIFY FOR
THIS OFFER

_____ OPTION 3 PRICING: MEMBERSHIP RATE AFTER 12/1/2016

_____ MY CHECK IS ENCLOSED IN THE AMOUNT OF \$ _____.

_____ PLEASE CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ _____.

CREDIT CARD #: _____ CC TYPE: ____ MC ____ VISA
____ DIS ____ AMEX

NAME ON CARD: _____ EXPIR. DATE: _____

SIGNATURE: _____ DATE: _____

*****FOUR OAKS OFFICE USE *****

MEMBERSHIP NUMBER _____ DATE _____ CHECK # _____

PRINT NAME _____ SIGNATURE _____

Return completed application to Anthony Martinho, PGA Head Golf Professional, Four Oaks Country Club,
1 Clubhouse Lane, Dracut, MA 01826. Phone 978-455-0054.

Email amartinho@fouroakscountryclub.com.

