



ODESSA NATIONAL GOLF CLUB

www.odessanationalgolfclub.com

**GENERAL MEMBERSHIP**

*Annual Fee Registration*

*January 1, 2020 through December 31, 2020*

\_\_\_\_\_

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse (if Joining) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent children 18 and under, names and date of birth (if joining) \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell# \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently a member at another golf club? \_\_\_\_\_ Club name \_\_\_\_\_

Do you have an established USGA handicap? \_\_\_\_\_ Handicap \_\_\_\_\_

How often do you play golf in a given year? \_\_\_\_\_ Per week \_\_\_\_\_

Type of payment: Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Cash \_\_\_\_\_

CC# \_\_\_\_\_ Exp date \_\_\_\_\_

\_\_\_\_\_

*I certify that, to the best of my knowledge, the foregoing information is correct. I understand that any misrepresentation shall be cause for denial of further consideration. If accepted, I agree to abide by the rules and policies of the club.*

Signature:

Date: