



2024 Membership Dues Schedule

First Year Membership: \$1,220 for a Single or Family membership

(Must have not been a member for at least 2 years to qualify for this special)

Second Year Membership: \$1,540 Family membership

Memberships Include Golf, Cart Pass, Range Use, and GHIN Unless Otherwise Noted

Membership Packages (3rd year and on)

If Paid By:	<u>12/31/2023</u>	<u>02/28/24</u>	<u>03/31/24</u>
<u>Single person membership</u>	\$1,450.00	\$1,570.00	\$1,690.00
<u>Family membership</u>	\$1,785.00	\$1,905.00	\$2,025.00
<u>Long Distance Membership</u> (Distance of over 25 miles)	\$890.00	\$1,010.00	\$1,130.00
<u>Youth Membership</u>	\$200.00 (Cart Pass <u>NOT</u> included)		
<u>Associate Membership</u>	\$525.00 (Golf Member at a competing Club, Cart Pass <u>NOT</u> Included)		
<u>*Legacy Membership*</u>	(All Legacy Golf & Social memberships must be Board approved)		
<u>Social Membership</u>	\$75.00		

****Membership Promotion****

Recruit New Member.....	\$100.00 Pro-Shop Credit for 2024
Paid before January 1 st , 2024.....	4 Guest Passes for a free round
Age Discount (Over 70, 75, 80)	(25%, 30%, 35%)
 Cart Pass.....	 \$250.00

Legacy Memberships grant active regular golf/social memberships to octogenarians who have had a long history of membership and volunteerism with the Oakland Golf Club

*****Monthly Payments are available, please contact the Pro Shop for further information on setting up a monthly plan*****

PLEASE RETURN THIS INVOICE WITH PAYMENT

Member/s Name/s _____ Phone _____

_____ Phone _____

Children's Name(s) & Age(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Email Address _____

(Primary) _____

(Secondary) _____

Enclosed is my payment for:

Membership Type _____ \$ _____

(Age discount...70/25%; 75/30%; 80/35%) - \$ _____

Cart Pass _____ \$ _____

Total Amount Enclosed \$ _____

Sign me up for:

Men's League: _____

Women's League: _____

PLEASE MAIL TO:

Oakland Golf Club

P.O. Box 143

Oakland, NE 68045

Thanks for your support

**** Applicants wishing to pay monthly must have a valid credit card on file and be pre-approved.
Dues for January up to and including the current month are due when this form is submitted. ****

All 2023 Memberships will become delinquent January 1st, 2024 unless 2024 Membership is paid in full or monthly payment plan option is selected. Privilege of participation will be suspended in the event that payment is not received.

Golf Memberships will receive Annual Cart Pass, 2024 Membership to the GHIN Handicap program and Annual Range Pass. This includes all monthly payment Memberships.

Memberships at the Oakland Golf Club are on a yearly basis, beginning January 1st of each year through December 31st of same year. A new member is one who has not held an Oakland Golf Membership in the last 2 years.

Membership dues and charges are due on the 1st and the 15th of each month. All accounts will be charged to credit cards on file 1st and the 15th of each month unless alternative payment plans have been arranged with manager and treasurer of the Board of Directors. After 30 days, interest will be charged on to the member's account at the rate of 2% per month. If a member becomes 60 days past due, the member loses all Club privileges and their account may be turned over to a collection agency.

Signature Date

Credit Card Authorization Form

Please complete this authorization form and return to Oakland Golf Club. All information will remain confidential.

Card Holder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover AMEX Other

Credit Card Number: _____ EXP Date: _____ CVV# _____

I Authorize Oakland Golf Club to charge the amount represented on my bi-weekly statement to my credit card provided. I agree I will pay for this purchase in accordance with the issued bank cardholder agreement. Disputes to the amounts appearing on the bi-weekly statement should immediately be reported to the Director of Golf at (402) 685-5339. This agreement will remain active until cancelled or modified in writing.

Signature as Appears on Card: _____ Date: _____

Printed Name: _____