



PLEASE COMPLETE & RETURN THIS INVOICE WITH PAYMENT



**Upon payment of dues,
the member/s agree to the terms of the
Waiver, Release, & Indemnity Agreement.
Please read prior to payment.**



Member/s Name/s _____ Phone _____

_____ Phone _____

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

Mailing Address _____

City _____ State _____ ZIP _____

Email Addresses _____

Enclosed is my payment for:

Membership Type _____ \$ _____

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

Cart Pass (\$275...Associate/Youth only) \$ _____

.GHIN (\$30 Adult/\$15 Jr) \$ _____

Names: _____

Club Storage (\$65) \$ _____

Total Amount Enclosed \$ _____

USGA GOLF HANDICAP
INFORMATION NETWORK

Sign me/us up for: Women's League _____

Men's League _____

Please mail this invoice to:
Oakland Golf Club, PO Box 143
Oakland, NE 68045

2026 Credit Card Authorization Form

***Only members with a valid credit card on file may
have an open charge account. Cards are billed on the
1st and 15th of each month.**

This authorization will remain in effect for the calendar year 2026.
This authorization is for payments of monthly membership dues
and for bi-weekly charges.

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 re-
main active until cancelled or modified in writing. After 30 days,
interest will be charged to the member's account at the rate of
2%/month. After 60 past due, Club privileges will be lost and ac-
count turned over to a collection agency.

I authorize Oakland Golf Club to charge my credit card for agreed upon
purchases. I understand that my information will be saved on my account
and in a secure file for future transactions on my account.

AUTHORIZED SIGNATURE: _____

_____ Date _____



Visa



MasterCard



AmEx



Discover

Cardholder Name _____

Account Number _____

Exp Date ____/____

CVV _____