



# Oneonta Country Club, Inc.

9 Country Club Drive  
PO BOX 628  
Oneonta, NY 13820

Golf Shop (607) 432-8950  
Admin Office (607) 432-9074

## 2024 APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse Name (if applicable) \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Cell # \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Child(ren) that will be included in / playing on this membership: (See below)

1) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 2) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Required References

Name (OCC member or Personal) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name (OCC member or Personal) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Previous Club membership \_\_\_\_\_ Telephone \_\_\_\_\_

### Membership Options and Annual Dues: (Select ONE CHOICE)

	1x / Year	2x / Year	9x / Year
Individual Membership: <i>Regular rate</i> Credit Card <b>AUTO</b> payment	_____ \$1,664	_____ \$857.00	_____ \$194.00
<b>DISCOUNTED rate</b> Cash or Check	_____ \$1,600	_____ \$824.00	
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Spouse/Dom Partner: <i>Regular rate</i> Credit Card payment	_____ \$832	_____ \$428.50	_____ \$97.00
<b>DISCOUNTED rate</b> Cash or Check	_____ \$800	_____ \$412.00	
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Dependent Child(ren): <i>Regular rate</i> Credit Card payment	_____ \$ 416 (ages 18-20 and must be full time undergraduate students)		
_____ <b>[under 18 FREE]</b> <b>DISCOUNTED rate</b> Cash or Check	_____ \$ 400 (ages 18-20 and must be full time undergraduate students)		
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Intermediate Level II: <i>Regular rate</i> Credit Card payment	_____ \$1,274	_____ \$656.00	_____ \$148.50
(Ages 30 to 34) <b>DISCOUNTED rate</b> Cash or Check	_____ \$1,225	_____ \$631.00	
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Intermediate Level I: <i>Regular rate</i> Credit Card payment	_____ \$884	_____ \$456.00	_____ \$103.00
(Ages 18 to 29) <b>DISCOUNTED rate</b> Cash or Check	_____ \$850	_____ \$438.00	

[ OVER ]

**Notes, Terms & Conditions:**

New York State Sales Tax will be added to all dues, fees, assessments and other purchases as required by State Law. Initiation Fee (\$1,000.00) and Application Fee (\$250.00) are waived for 2024. Stock Certificate (Fee \$108.00) must be purchased if bringing in an Associate. NOTE: 2024 Membership Dues must be paid in full prior to bringing in an Associate. Annual Minimum Cart Assessment will apply (Apr thru Oct Season, unspent amount will be billed in Oct) / (Individual, Intermediate I and II: **\*20 carts minimum/Season**; Individual & Spouse and Family [Indiv, Spouse, Children]: **\*\*30 carts minimum/Season**).

The Board of Directors requests that a member notify the Board in writing of their intent to resign. **All Members in possession of OCC Stock Certificate(s) must concurrently surrender and forward same to the Club, or such resignation will not be accepted.** In order to qualify for a medical leave, a physician's letter must be submitted with Member's letter requesting same.

*I accept the above terms & conditions of the Oneonta Country Club as stated.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(Submit completed application to Oneonta Country Club, Attn Administrative Office, PO Box 628, Oneonta, NY 13820)

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***For Office Use Only***

Application Received \_\_\_\_\_ Referred to Board of Directors \_\_\_\_\_

Acceptance \_\_\_\_\_ Rejection \_\_\_\_\_ **MEMBER NUMBER:** \_\_\_\_\_ / \_\_\_\_\_

\*\*\*\*\*

[REV 01/05/24]



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Website: [OneontaCountryClub.org](http://OneontaCountryClub.org)

## **Authorization Agreement For Monthly Statement Credit Card Payment**

[OCC POLICY REQUIRES THAT A VALID CREDIT CARD BE PROVIDED TO OPEN AN ACCOUNT]

I (we) \_\_\_\_\_ OCC Acct # \_\_\_\_\_  
MEMBER NAME(S)

hereby authorize the **Oneonta Country Club** to **[CHECK ONE OPTION]**:

- A)**  Initiate **AUTOMATIC** Credit Card (CC) payments for my monthly Statement Balance due to the Club.
- B)**  Charge any **Outstanding Statement Balance** (over 5 days past due date) payable / due to the Club

**\*\*\*\*\* PLEASE PRINT ALL BELOW INFORMATION CLEARLY**

Exact Name as shown on CC: \_\_\_\_\_

CC Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV/CVC: \_\_\_\_\_  
3 DIGIT SEC CODE  
(AMEX: 4 DIGITS)

**EMAIL:**

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_