

The Oaks Membership Options

PLEASE MAKE YOUR SELECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Platinum	Full	Junior	Social	Non-Resident	Corporate
	\$3,000 / Year	\$145 / month	\$72.5 / month	\$ 75/ month	\$90/ month	\$435/month
Initiation Fee	X (\$1,500 fee waived)	X (\$1,500 fee waived)	X (\$750 fee waived)	X (\$500 fee waived)	X (\$500 fee waived)	X (\$2,000 fee waived)
Golf Course Access	✓	✓	✓	✓ (3 times per year)	✓	✓
Cart Fees Included	✓	✓	✓	X	✓	✓
Club Events <small>(Additional charges may apply)</small>	✓	✓	✓	✓ (Social Events)	✓	✓
Guest Golf Course Access \$20/9 - \$30/18	✓ No Charge	✓	✓	X	✓	✓
Use of Pool	✓	✓	✓	✓	✓	✓
Pool Guest Fees Included	✓	X	X	X	X	X
Dining Access	✓	✓	✓	✓	✓	✓
Food & Beverage Minimum <small>(\$300 / 6 months)</small>	X	✓	X	X	X	✓
WGM St. Louis Reciprocity	✓	✓	✓	X	X	✓

THE OAKS APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name:		
Date of Birth:	Phone:	
Current Address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	E-mail:	

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:	How Long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

EMERGENCY CONTACT

Name:		
Address:	E-mail:	Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION

Name:		
Date of birth:	Phone:	
E-mail:		

SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

REFERRALS

Name	E-Mail Address	Phone

CHILDREN

Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:

SIGNATURES

I understand my application is subject to the approval of the Board of Directors and it is agreed this membership and all persons using the Club hereunder, are bound by and shall comply with all the By-Laws, Rules and Regulations of the Club as they are written or shall be amended. I agree to pay all charges to my account in full when due and all late charges that may apply. If I fail to make any payments due, The Oak Tree Club, LLC may at anytime declare the entire unpaid balance of the account be immediately due and payable. I also agree to pay all costs of collection, including contingency fees of collection agency and reasonable attorney fees incurred by The Oak Tree Club, LLC for the enforcement default. I acknowledge I will be liable for contingency collection fees and attorney fees in the amount equal to or up to 50% of the original balance owed and those fees shall be added to the amount of the original bill. I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of spouse:

Date:

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