

(573) 796.2089



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Membership Invoice Form for FY2026

April 1, 2025 to March 31, 2026

Name	Spouse
Mobile Phone	Mobile Phone
Email Address	Email Address
Mailing Address	
Referred By	Preferred Communication Method (e-mail, phone, mail)

Please make membership selection below:

	One Time Payment	or	Monthly ACH Option
Family Membership Dues	<input type="checkbox"/> 1,275.00		<input type="checkbox"/> 111.56
Individual Membership Dues	<input type="checkbox"/> 1,000.00		<input type="checkbox"/> 87.50
Social Membership Dues	<input type="checkbox"/> 675.00		<input type="checkbox"/> 59.06
Junior Membership Dues	<input type="checkbox"/> 400.00		
Electric Cart Shed	<input type="checkbox"/> 125.00		<input type="checkbox"/> 10.42
Gas Cart Shed	<input type="checkbox"/> 100.00		<input type="checkbox"/> 8.35
Missouri Golf Assoc Membership	<input type="checkbox"/> 30.00		
Total Amount Due:	<input type="text"/>	or	Total Monthly ACH: <input type="text"/>

Dues are delinquent as of May 1, 2025. \$15.00 a month will be charged for dues not received by May 1, 2025.

PLEASE RETURN THIS FORM WITH YOUR PAYMENT.

ACH AUTHORIZATION FOR MONTHLY OPTION ONLY:

I hereby authorize the California Country Club to initiate debit entries from my checking account named below on the fifteenth day of every month beginning April 15, 2025. **I agree to make the annual dues payment**, split over 12 months, (or a shorter term as long as total amount due is paid in full). This authorization is to remain in effect until California Country Club has received written notification from authorized vendor of its termination in such time and in such manner as to afford reasonable opportunity to act upon the notification. ***I understand that my membership will renew automatically for an additional 12 months unless I have notified the Club Treasurer in writing that I do not wish to renew for the next year. If dues increase at the beginning of the new fiscal year, I understand that my monthly payment amount will automatically increase.***

Authorized Signature: _____

Date: _____

Routing Transit/ABA Number: _____

Account Number: _____

Please include a voided check for ACH verification.
Return form no later than the 10th of the month when payments begin.

Please contact the Club House at 796-2089 or email treasurer@calmocountryclub.com with any questions about membership dues.