Daily Public Green Fees:

9 Holes Monday-Friday		11.00
with a cart	\$	17.00
9 Holes Saturday & Sunday	\$	13.00
with a cart	\$	19.00
18 Holes Monday - Friday	\$	11.00
with a cart	\$	23.00
18 Holes Saturday & Sunday	\$	13.00
with a cart	\$	25.00

Special Rates

Monday/Wednesday/Thrusdays after 4:00pm

9 Holes with a Cart...... \$ 10.00

18 Holes with a Cart...... \$ 15.00

Effective May through December 2017

Holidays are priced the same as weekend

Cart Rental Fees:

9 Holes	\$	6.00	per person			
(Should be returned within 2 1	./2 hou	rs)				
18 Holes	\$	12.00	per person			
(Should be returned within 5 hours)						
Effective 4/17/17						

Ohio County Community Golf Course

Membership Application July 1 2017 thru June 30 2018

Primary Member Name			Birth Date	
Home Address Phone		Phone		
City	State	Zip	Email	
Please select the type of men	ıbership you are enroll	ing for:		
() Family - \$850 per year or \$222.50 quarterly () Couple - \$750 per year			r year or \$197.50 quarterly	
() Single - \$450 per year or \$122.50 quarterly () Senior - \$400 per year		year or \$110 quarterly		
() Student - \$205 per year or	\$61.25 quarterly	erly () Golf Team Member (\$80 per year)		
Please select the type of Car () Gas Cart Shed \$125 () Electric Cart Shed \$150	t Shed you are enrolling	g for (if needed):		
ADDITIONAL FAMILY M	,			
Name		ionship		
Name	Relati	ionship	Birth Date	
Name		ionship		
Name	Relati	onship	Birth Date	
member(s) and will ensure they under further understand that I am responsi for a term of two (2) years unless oth paid by July 1st of each year. I unde I must be current on all dues and pay check "bounces"; I will be responsib	ership to the Ohio County Constand this agreement. If I cheble for all dues up to my date erwise granted by the Ohio Constand that as a member I MU ments to have OCCGC priviled to pay a \$25.00 late fee per	pose to resign as a member, I under resignation. Upon resignation output Community Golf Course ST sign in before playing golf ages. I further understand that funonth past due. Payments will	o). I accept full responsibility for additional family inderstand I must provide a letter of resignation and on, the member shall not apply for new membership Committee. I understand cart shed fees must be and ensure all guests do the same. I also agree that for every month I am past due for payment and/or be due on or before the first day of each quarter. he agreed terms below. Please initial the	
	y by cash, check or credit of Oct 1, Jan 1, and April 1.	eard. Yearly dues may be bro	oken down into four (4) equal payments and	
Yearly dues paid annuall	y by cash, check or credit c	ard on or before July 1st.		
Yearly cart shed must be	paid annually on or before	July 1 st .		
Signature of Applicant			Date	
Accepted by			Date	