



ODESSA NATIONAL GOLF CLUB

www.odessanationalgolfclub.com

GENERAL MEMBERSHIP

*Annual Fee Registration
January 1, 2019 through December 31, 2019*

Applicant _____ **Date of Birth** _____

Spouse (if Joining) _____ **Date of Birth** _____

Dependent children 18 and under, names and date of birth (if joining) _____

Home Address _____

City _____ **State** _____ **Zip** _____

E-Mail Address _____ **Cell#** _____

Employer _____ **Phone** _____

Are you currently a member at another golf club? _____ Club name _____

Do you have an established USGA handicap? _____ Handicap _____

How often do you play golf in a given year? _____ Per week _____

Type of payment: Mastercard _____ Visa _____ Cash _____

CC# _____ Exp date _____

I certify that, to the best of my knowledge, the foregoing information is correct. I understand that any misrepresentation shall be cause for denial of further consideration. If accepted, I agree to abide by the rules and policies of the club.

Signature:

Date:
