

DUES FOR 2024-2025

Fiscal year July 1, 2024- June 30, 2025

SALES TAX INCLUDED IN MONTHLY AUTO DEBIT (MONTHLYACH)

Membership Options	Monthly	Annually
Family	\$114.00	\$1,342.00
Family w/Annual Cart Pass	\$204.00	\$2,419.00
Family w/Private Trail Fee	\$177.00	\$2,101.00
Single	\$91.00	\$1,066.00
Single w/Annual Cart Pass	\$170.00	\$2,018.00
Single w/Private Trail Fee	\$155.00	\$1,839.00
Jr Membership(50 and younger)	\$68.00	\$790.00
Jr. w/Annual Cart Pass(Single)	\$147.00	\$1,742.00
Jr. w/Annual Cart Pass(Family)	\$159.00	\$1,880.00
Jr. w/Private Trail Fee	\$132.00	\$1,563.00
Out of Area (>60 miles)	-	\$538.00
Out of Area (>60 miles) w/Annual Cart Pass	-	\$1491.00
Student	\$37.00	\$418.00
Social	\$72.00	\$845.00
2024-2029 – Assessment	\$15.00	\$150.00
Handicap Fee		\$20
Men’s Locker		\$26.43
Women’s Locker		\$26.43
Bag Storage		\$79.29

Membership/Program
Total Due:

Breakdown	# Months _____
Begin Draft #1 on _____/15/2024	\$/Month _____

I have given authority to: Name and Address of Bank

to honor preauthorized checks drawn by you on my account for membership/program payments as indicated above. It is understood that your sending of a preauthorized (ACH) check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership/program. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by one in the amount of said payment.

DEPOSITOR’S ACCOUNT NO.	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
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BANK ROUTING NO.

1. It is to my complete understanding that if I wish to terminate or change my membership/program in any way, I must give thirty (30) days written notice. Drafted amounts are not refundable except in the case of double drafts or incorrect amounts. If I terminate, I understand I must turn in all of my membership/program cards.
2. In the event I cancel my membership before payment of yearly dues are complete, a termination fee of Three (3) Months Payment will be applied and deducted from my account.
3. Membership will be renewed for additional 12-month terms unless written notice is given to cancel membership. Eldon Country Club reserves the right to increase fees after the first initial 12 months of the contracted agreement without written or verbal notice.
4. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by Eldon Country Club. This is in addition to any service fee my bank may make.

Date _____

Member Signature

Staff Signature



MEMBERSHIP APPLICATION

Effective through June 30th, 2025

Date: _____ E-Mail Address: _____

Applicant's Name: _____ Spouse's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Applicant's Occupation: _____ Place of Employment: _____

Spouse's Occupation: _____ Place of Employment: _____

Skills, talents, prior occupation _____

Birthdate: (For Student or Jr. Membership) _____

Children living at home:

_____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____

Applicant's Signature (1): _____ (2) _____

Sponsoring Members (1): _____ (2) _____

Must have two sponsoring members. Membership is contingent upon investigation and approval by the Membership Committee of the Eldon Country Club Board of Directors.

Date of Acceptance: _____ Office Use Only
Account#: _____

Lake of the Ozarks, Eldon, Missouri 65026 Ph.573.392.4172, Fax 573.392.1281

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