

2025 POOL MEMBERSHIP APPLICATION & AGREEMENT

NAME

MEMBERSHIP TYPE

AMOUNT PAID

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL

DATE OF BIRTH

FAMILY INFORMATION

FAMILY NAMES

PHONE NUMBER

EMAIL

ELIGIBLE CHILDREN

NAME

DOB

NAME

DOB

NAME

DOB

PLEASE MAKE CHECK PAYABLE TO: ONTARIO GOLF PARTNERS. LLC**A 3% PROCESSING FEE WILL BE APPLIED CREDIT CARD TRANSACTIONS**

I HEREBY AGREE TO ABIDE BY ALL ONTARIO GOLF CLUB (OGC) MEMBERSHIP / PASSHOLDER POLICIES AND PROCEDURES. I UNDERSTAND MANAGEMENT RESERVES THE RIGHT TO AMEND OR CHANGE POLICIES FROM TIME TO TIME. I CONSENT TO RECEIVE OGC NEWS AND INFORMATION ELECTRONICALLY VIA THE EMAIL ADDRESS ON THIS APPLICATION MOVING FORWARD.

NAME

SIGNATURE

DATE