



Application for Membership
2019 Dining Membership Offering

15 Fernwood Road • Milford, NJ 08848 • Telephone 908-995-7017 • www.oakhillgolf.com



Personal Information Single Married Divorced Widowed

Name _____

Current Address _____
Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Home Telephone Number _____

Cell Number _____ E-Mail Address _____

Spouse/Significant Other's Name _____ Date of Birth _____

Spouse/Significant Other's Cell Number _____

Spouse/Significant Other's E-mail Address _____

Please send all correspondence to my: Current Address E-Mail Address Spouse/Significant Other E-Mail

Reference Information

How were you referred to Oak Hill?

Authorization for Dining Membership

By signing this application for membership at Oak Hill Golf Club, I hereby authorize Oak Hill Golf Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations, Divisions of Motor Vehicles and those charged with maintaining criminal records.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of Oak Hill Golf Club in the present form or as may be amended.

In my application, I agree to a commitment of dining membership for this calendar year. My dining membership will automatically renew on January 1st of the next year unless a formal resignation is received by December 31st of the current year. I hereby obligate myself for the payment of all applicable dues, fees and charges during my membership term. Shares of stock purchased for Dining memberships are non-refundable.

I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card. If my credit card is declined, I agree the Club shall have the right to send all past-due amount through the collection process.

Card Type: Visa MasterCard Discover

Account Number _____ Expiration Date _____

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Oak Hill Golf Club.

Signature of Applicant _____ **Date** _____