

The Oaks Membership Options

PLEASE MAKE YOUR SELECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Platinum	Full	Junior	Social	Non-Resident	Corporate
	\$3,515 Annual	\$185/ Month \$1,995 Annual	\$90/Month \$990 Annual	\$ 95/ Month \$960Annual	\$110/ Month \$1,145 Annual	\$550 Month \$6,000 Annual
Initiation Fee	<input type="checkbox"/> (\$1,500 fee waived)	<input type="checkbox"/> (\$1,500 fee waived)	<input type="checkbox"/> (\$750 fee waived)	<input type="checkbox"/> (\$500 fee waived)	<input type="checkbox"/> (\$500 fee waived)	<input type="checkbox"/> (\$2,000 fee waived)
Golf Course Access	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cart Fees Included	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Club Events <small>(Additional charges may apply)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <small>(Social Events)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Guest Golf Course Access 4/5 Rule \$22/9 - \$33/18	<input checked="" type="checkbox"/> No Charge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Pool	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pool Guest Fees Included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining Access	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WGM St. Louis Reciprocity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

THE OAKS APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name:		
Date of Birth:	Phone:	
Current Address:		
City:	State:	ZIP Code:
Own Rent <small>(Please circle)</small>	E-mail:	

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		How Long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

EMERGENCY CONTACT

Name:		
Address:	E-mail:	Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION

Name:		
Date of birth:	Phone:	
E-mail:		

SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

REFERRALS

Name	E-Mail Address	Phone

CHILDREN

Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:

(Please Complete Back)

SIGNATURES

I understand my application is subject to the approval of the Board of Directors and it is agreed this membership and all persons using the Club hereunder, are bound by and shall comply with all the By-Laws, Rules and Regulations of the Club as they are written or shall be amended. I agree to pay all charges to my account in full when due and all late charges that may apply. If I fail to make any payments due, The Oak Tree Club, LLC may at anytime declare the entire unpaid balance of the account be immediately due and payable. I also agree to pay all costs of collection, including contingency fees of collection agency and reasonable attorney fees incurred by The Oak Tree Club, LLC for the enforcement default. I acknowledge I will be liable for contingency collection fees and attorney fees in the amount equal to or up to 50% of the original balance owed and those fees shall be added to the amount of the original bill. I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse:	Date:

Membership Category _____

Annual _____ Monthly _____

Payment Amount _____

Members who resign at any time during the year **may not** rejoin for one (1) year from the date of resignation. Exception will be made if initiation fee is paid prior to rejoining and rejoining members pays annual dues upfront. No refund of any portion of annual dues to be made to resigning members.

Other Membership Categories

Corporate Associate - \$1,040/Annual

Corporate Associate - \$90/Monthly

Out of State - \$300/Annual

Supper Club - \$150/Annual

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