



Application for Social Membership  
in Company or Corporate Name  
in Twin Oaks Country Club

Full Name: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Number of Years: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Spouse Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Number of Years: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number of Children Living at Home: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Club Affiliations (Previous Country Club if Applicable)

\_\_\_\_\_  
\_\_\_\_\_

References:

Current Bank: \_\_\_\_\_ Creditor: \_\_\_\_\_  
Regular Member: \_\_\_\_\_  
Regular Member: \_\_\_\_\_  
Non-Member: \_\_\_\_\_  
Non-Member: \_\_\_\_\_

Initial Fee

The Initial Fee is \$750, which must accompany this application.

If this application is rejected, Twin Oaks Country Club (“TOCC”) shall return said sum to Applicant.

1020 E. Republic Road  
Springfield, MO 65807

Phone: 417-881-4537  
Fax: 417-881-3331  
Email: [twinoaks@twinoakscountryclub.com](mailto:twinoaks@twinoakscountryclub.com)

Dues

Dues for Social members on the date of this application are \$142 per month or \$1,636 annually. Applicant shall pay dues (monthly) (annually).

Food Minimum

All categories of membership have a \$45 per month Food Minimum. Members with surnames beginning with letters A through K are on a billing cycle of the first day of the month through the end of the month. Members with surnames beginning with letters L through Z are on a billing cycle of the sixteenth day of the month through the fifteenth day of the following month.

Conditions

Applicant understands this application is subject to approval by the Board of Directors of TOCC. If accepted, this application becomes a contract between Applicant and TOCC. Applicant agrees that all persons using TOCC under Applicant's membership, including Applicant, are bound by and must comply with all by-laws, rules and regulations of TOCC as they now exist or may hereafter be amended. Applicant shall timely pay all charges and fees incurred by (a) Applicant and members of Applicant's family as defined in Article II, Section 12, of the by-laws, and (b) any Significant Other designated by Applicant pursuant to Article II, Section 12.

\_\_\_\_\_  
Name of Company or Corporation

By \_\_\_\_\_ Title \_\_\_\_\_

Name of Designee \_\_\_\_\_

I hereby recommend the above applicant for membership at Twin Oaks Country Club.

\_\_\_\_\_  
(Signature and member number of Regular member other than listed as a reference)

Acceptance

This application accepted by the Board of Directors \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Title