



La Grande Country Club

Membership Change Form

Member Name: _____ Date: _____

Please fill out the appropriate section(s) below, sign, and date

Membership Change

Current Membership

- Family Individual Associate Out of County
 Social Family Social Individual College

Membership Prices: Annual/Month

Family: \$2,280/\$190 Individual: \$1,932/\$161
Associate: \$1,716/\$143 Out of County: \$852/\$71
Social Individual: \$648/\$54 Social Family: \$852/\$71

New Membership

- Family Individual Associate Out of County
 Social Family Social Individual College

Payment Method:

- Monthly
 Annual

Date Change Effective:

Medical Leave

- Family Individual

ON Medical Leave: Date: _____

OFF Medical Leave: Date: _____

Please Read and Sign Medical Leave Policy on Back

Membership Cancellation

Date Effective: _____

Reason (Optional): _____

Please Read and Sign Member Cancellation Policy on Back

Membership Addition or Removal

Name: _____

Address: _____

Email: _____

Phone: _____

DOB (Associates): _____

Change of Address, Phone Number, or E-Mail

Address: _____

Email: _____

Phone: _____

Other: _____

Date Effective: _____

Cart Storage

- Add Remove Change

Cart Shed #: _____

Date Change Effective: _____

If removing cart storage, cart must be removed by end of billing cycle.

Cart Shed A (Parking Lot): \$360/\$30

Cart Shed B (Barn Inside): \$300/\$25

Cart Shed B (Barn Outside): \$360/\$30

Cart Shed C (New Barn): \$420/\$35

OGA GHIN Handicap

- Add Remove

GHIN #: _____

Notes or Other Changes: _____

Member Signature: _____

Staff Member: _____

Membership Change Form

Medical Leave Policy:

If a member cannot play golf due to a physical injury or limitation, they may convert their golf membership to a temporary social membership for a maximum of six (6) months, with a review at three (3) months. Upon notification from the member that they can resume playing golf, they shall return to a full membership. If they resume playing golf without notifying the Club, they will automatically be reverted to a full golf membership.

I hereby apply for Medical Leave. Upon approval, my Golf Membership will be converted to a social membership (Single or Family, depending upon original Golf membership). Changes made to membership will apply to the next billing cycle. I agree to pay the dues for said membership. Cart Shed dues will continue to be billed if applicable. Charges incurred in the Golf Shop or Restaurant/Bar or any balances on account will need to be paid monthly in accordance with LGCC Policy.

Membership will revert to original Golf Membership upon the termination of Medical Leave, or six (6) months.

Signature: _____

Membership Cancellation Policy:

A person who resigns their membership and maintains a residence in Union County may not apply for membership for a period of twelve (12) months. Said person may if the resignation is continuous for two years but not less than 12 months, request reinstatement of the membership without paying an initiation fee, and upon being accepted by the Membership Committee of the Board as a reinstated member, then begin paying dues for the designated membership classification. If the member resigns and wishes to reinstate at a period of time less than 12 months, they must pay the back months membership dues.

I am hereby canceling my membership at La Grande Country Club and understand that I may not reapply for membership for 12 months. LGCC requires 30 days for cancellation of membership, and cancellation will be applied to the next billing cycle. All Golf Shop Credits will be forfeited after 30 days from cancellation. I am responsible for any balance on my account and agree to pay in full said balance or make payment arrangements.

Signature: _____

For Accounts Office Only:

[This area is a large grey rectangular box intended for use by the Accounts Office.]