



**Application for Membership to
WAWASHKAMO GOLF CLUB**

A 501©(3) Public Charity
PO Box 311, Mackinac Island, MI 49757

I (We) hereby apply for membership to Wawashkamo Golf Club. If this application is approved by the Club's Board of Directors, I (We) agree to be bound by the By-Laws, Rules, and Practices of the Club.

	Golf Y/N	Handicap
Your Name: _____	_____	_____
Spouse's Name: _____	_____	_____
Children's Names (Under 23)/Ages: _____	_____	_____
_____	_____	_____

Local/Summer PO Box Mailing Address: _____

Winter Mailing Address: _____

Landline Number(s) Summer: _____ Winter: _____

Cell Phone Number(s): _____

Email Address(s): _____

Please refer to **wawashkamo.com** for membership details and pricing or call the Clubhouse at 906-847-3871.

Membership category requested (check one)*:

Patron:** Hole-in-One (HIO) _____ Double Eagle (DE) _____ Eagle (E) _____
Birdie (B) _____ All-Inclusive (AI) _____

Regular: Family (F) _____ Single (S) _____ Non-golf (NG) _____ Associate (A), Year of Birth _____, _____

Your Signature: _____ Date: _____

*Payment of the \$350 initiation **fee (except Associate) must** be received before the Membership Committee can act on this application. All applicants must be sponsored by two Wawashkamo Golf Club members in good standing whose name and signature appear below. Membership payment is due upon approval.

**Patron level memberships are eligible for a tax-deduction. Deductibility begins above \$875. Please consult your tax advisor.

Sponsor Name: _____ Signature: _____

Sponsor Name: _____ Signature: _____

Membership Committee Approval: _____ Board Approval: _____