WOODHAVEN COUNTRY CLUB

2026 -2027

GOLF MEMBERSHIP APPLICATION

Check the box of the Membership you are selecting:

MEMBERSHIPS		SINGLE	COUPLE
FULL Nov.1, 2026 – Sept. 30, 2027	Resident	☐ $5,998 ($499.84/month)	☐ $9,699 ($808.25/month)
	Non-Resident	☐ $6,998 ($583.17/month)	☐ $10,998($916.50/month)
SEASONAL 6-MONTHS: Nov. 1, 2026 – Apr. 30, 2027	6-MONTH: Resident	☐ $4,998 ($833.00/month)	☐ $8,199 ($1,366.50/month)
	6-MONTH: Non-Resident	☐ $5,599 ($933.17/month)	☐ $8,899 ($1,483.17/month)
SHORT TERM	MONTHLY	☐ $1,198 per month	☐ $2,198 per month
SEASONAL 3-MONTHS: Any consecutive 3 months	3-MONTH: Resident	☐ $3,499($1,166.33/month)	☐ $6,499 ($2,166.33/month)
	3-MONTH: Non-Resident	☐ $3,749($1,249.67/month)	☐ $7,199 ($2,399.67/month)

Membership Pricing if Membership is paid in full by Oct 16, 2026

MEMBERSHIPS		SINGLE	COUPLE
FULL Nov.1, 2026 – Sept. 30, 2027	Resident	☐ $5,640	☐ $9,000
	Non-Resident	☐ $6,420	☐ $10,200
SEASONAL 6-MONTHS: Nov. 1, 2026 – Apr. 30, 2027	6-MONTH: Resident	☐ $4,710	☐ $7,560
	6-MONTH: Non-Resident	☐ $5,100	☐ $8,160

GOLF MEMBERSHIP INCLUDES:

FULL	SEASONAL	SHORT-TERM
• Access to golf* • Golf Cart / Trail Fee • Use of practice facilities • **18-day** booking window • **20%** off merchandise in the Golf Shop (soft goods only) • Member-Guest rate • Locked bag storage**	• Access to golf* • Golf Cart / Trail Fee • Use of practice facilities • **14-day** booking window • **20%** off merchandise in the Golf Shop (soft goods only) • Member-Guest rate • Locked bag storage **	• Access to golf* • Golf Cart / Trail Fee • Use of practice facilities • **10-day** booking window • **15%** off merchandise in the Golf Shop (soft goods only) • No Member-Guest rate • Locked bag storage**

*Tee time sign-up procedures are available in the Golf Shop and on the WCC website.
**WCC is not responsible for any damages or loss to bags or clubs stored.

Applicant 1: Print Name _____ Signature:_____ Date:_____

Applicant 2: Print Name _____ Signature:_____ Date:_____

For WCC use only:

Approved and Accepted By:

WOODHAVEN COUNTRY CLUB

Authorized Representative: _____ Date: _____

Term Start Date: _____/_____/_____ Term End Date: _____/_____/_____

WOODHAVEN
COUNTRY CLUB

2026-2027
APPLICANT(S) INFORMATION

Applicant (1) Name: _____

Telephone: _____

Email Address: _____

Applicant (2) Name: _____

Telephone: _____

Email Address: _____

Local/Seasonal Address: _____

_____

Secondary Address: _____

_____

TERMS AND CONDITIONS

The undersigned Membership Applicant(s) agrees to the following terms:

1. **PAYMENTS:** Payments for the Golf Membership selected will be made to Woodhaven Country Club, which is owned and operated by Woodhaven Country Club, HOA, Inc., or its successors and assigns (collectively, the Club.) **LATE FEES**: An additional 3% finance fee shall be applied to balances remaining unpaid after the 15th day of each month.
2. **TRANSFERABILITY/REFUNDABILITY**: Membership is **NOT** transferable and **NON-**refundable.
3. **MEMBERSHIP APPROVAL**: Membership is contingent upon approval by the management.
4. **RISK OF POSSIBLE INJURY**: The use of the golf course and Club facilities and any privilege or service incident to the Membership is undertaken with knowledge of risk of possible injury. I hereby accept any risk of injury to myself, my guests, and my family sustained while using the golf course and Club facilities or involved in any event or activity incident to Membership privileges in the Club. In accepting the risk of injury, I understand that I am relieving Woodhaven Country Club HOA, Inc., its successors and assigns, and their officers, partners, shareholders, employees, agents and affiliates from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me, my guests, and my family resulting from or arising out of any conduct or event connected with Membership privileges in the Club and use of the golf course and Club facilities.
5. **SUSPENSIONS/REVOCABILITY**: Management reserves the right to suspend or revoke your membership for violation of any rules or regulations of WCC by you or your guests, for reasons of nuisance, disturbance, disruptive behavior, and character of the course or if WCC determines that your actions may endanger yourself or other persons. Upon suspension you will be billed through the entirety of your membership.
6. **LOCKED BAG STORAGE**: Woodhaven is not responsible for any damages or loss to items stored.
7. **CHANGES**: Management reserves the right to make changes to the rules and regulations, prices, and offers without notice. The hours of operation may be altered in order to accommodate tournaments, golf course maintenance (over-seeding), or other issues.
8. **CANCELLATIONS:** The cancellation of a Membership will be determined on a case-by-case basis. Notification must be submitted in writing to the Operations Manager. Membership cancellation will be at the discretion of the General Manager and the HOA Board President.
9. **MEDICAL SUSPENSIONS:** A member may request a maximum of one (1) medical suspension for a period of exactly one (1) month over the lifetime of their annual membership. The written request must be submitted to management along with a medical practitioner's note. Membership dues/fees will be paused for the duration of the approved suspension month, and full membership privileges will temporarily freeze.
10. **AUTO RENEWAL:** Full and seasonal 6-month members will automatically renew for a successive term of the same type and length upon expiration, at revised membership rates, which are subject to increase, unless the member provides written notice of cancellation to management at least 30 days prior to the end of the current membership term. Continued use of membership privileges and facilities after renewals date constitutes acceptance of the renewed membership terms and application rates. Short term and seasonal 3-month memberships are not subject to automatic renewal and will continue on a month by month basis until cancelled.
11. **REFERRALS**: Eligibility for referral credits or incentives requires the applicant to be a new member who has not maintained an active membership with the Club during the three (3) years immediately preceding their application date.

Referred By (Current Member Name): _____

I (we) hereby acknowledge receipt of the Woodhaven Country Club Rules and Regulations and that I (we) have read, understand, and agree to be bound by the terms and conditions outlined herein.

Applicant 1: Print Name _____ Signature:_____ Date:_____

Applicant 2: Print Name _____ Signature:_____ Date:_____

RULES and REGULATIONS

The overall premise for the Rules and Regulations is to create an environment where everyone can enjoy themselves. The abuse or non-conformity to the Rules and Regulations can and will result in the suspension and/or termination of golf privileges.

- **ALL** players are required to check in at the Golf Shop before every round of golf and must present their sales receipt to the Outside Services staff.
- **ALL** players must wear proper golf attire: no tank tops, T-shirts, denim, swimwear, etc. This applies to riders and those using the practice facilities as well.
- **ALL** players must have their own bag and set of clubs. Rental sets are available from the Golf Shop.
- Golf Cart Liability Agreement Form must be signed for usage.
- The maximum per group will be four (4) players and two (2) carts. Riders are required to pay for their seat on carts, if available.
- Private coolers are not allowed (unless on personal carts); all food and beverages must be purchased from Woodhaven Country Club or Mulligan's.
- Golf carts must be kept on paths around the tees and greens and/or at least 30 yards away. Do not go past cart signs and directional ropes.
- Ball marks on the green must be fixed and divots repaired.
- All divots must be filled with sand & seed mix supplied on each golf cart.
- **ALL** Members, Homeowners, and Guests will treat ALL employees with respect. Failure to do so may result in suspension.
- Issues with an employee of Woodhaven Country Club shall be reported to management.

Applicant 1: Print Name _____ Signature:_____ Date:_____

Applicant 2: Print Name _____ Signature:_____ Date:_____

Customer Authorization for Automatic Credit Card Billing

Name: _____ Date: _____

Mailing Address: _____

_____

Email Address: _____

Woodhaven Address: _____

I would like Woodhaven Country Club HOA to automatically bill the following credit card monthly, for the purpose of paying my Membership Account, which will include my Golf Dues and any purchases made in the Pro Shop or at our Food and Beverage venues.

I agree to allow Auto-pay to be processed each month between the tenth (10^{th}) and the fifteenth (15^{th}) day of the month. Initials: _____

If I decide to make a payment other than this credit card, I will do so before the tenth (10^{th}) day of the month. Initials: _____

Credit Card Number: _____

Name that Appears on Credit Card: _____

Billing Address on Card: _____

_____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

* A 3% credit card processing fee will be added to all charges made to this credit card.

Customer Authorization for Automatic ACH Billing

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a Woodhaven Country Club Member payment.

I (We) :_____ _____

(Please Print) *(Please Print)*

Residing at: _____

Authorize Woodhaven Country Club HOA, Inc. (WCCHOA) to electronically debit my (our) account and if necessary, electronically credit my (our) account indicated to correct erroneous debits.

Debit the following account (Select One):

☐ Checking Account ☐ Savings Account

At the depository financial institution named below (DEPOSITORY):

Financial Institution: _____

Routing Number: _____

Account Number: _____

Beginning Date for Debits: _____

I (We) would like Woodhaven Country Club HOA to automatically bill the following credit card monthly, for the purpose of paying my Membership Account, which will include my Golf Dues and any purchases made in the Pro Shop or at our Food and Beverage venues.

I (We) agree to allow ACH billing to be processed each month between the tenth (10^{th}) and the fifteenth (15^{th}) day of the month.

I (We) understand that this authorization will remain in effect until I (We) notify WCCHOA in writing that I (We) revoke this authorization which requires at least thirty (30) days notification.

Signature of: _____ _____

Date: _____