



MEMBERSHIP PROGRAM – MONTHLY

The City of McKinney's Oak Hollow Golf Course offers golfers the following benefits. In consideration for the prepaid fee, the Player and any included family members listed below have the following privileges:

1. **Unlimited Green Fees, seven days a week, providing there is good weather and open play.**
2. **Tee-Time reservations two weeks in advance**
3. **Unlimited Range Balls.**

The Membership program is available for the player and, for an additional fee, up to two (2) of the family members. Upon execution of the agreement the payment of the Plan Fee indicated below, the player and named family members all receive the Plan benefits and privileges.

Plan Fee – Resident Walking

Individual –\$ 105.00 per month

Individual and Spouse - \$ 125.00 per month

Individual and Two (2) Family Members - \$145.00 per month

Member's Name: _____

Member's Spouse' Name: _____

Member's Family Member: _____

Plan Fee – Non-Resident Walking

Individual –\$120.00 per month

Individual and Spouse - \$ 140.00 per month

Individual and Two (2) Family Members - \$160.00 per month

Member's Name: _____

Member's Spouse' Name: _____

Member's Family Member: _____

Plan Fee – Resident with Cart Privileges

Individual –\$150.00 per month

Individual and Spouse - \$ 165.00 per month

Individual and Two (2) Family Members - \$185.00 per month

Member's Name: _____

Member's Spouse' Name: _____

Member's Family Member: _____

Plan Fee – Non-Resident with Cart Privileges

Individual –\$160.00 per month
Individual and Spouse - \$ 180.00 per month
Individual and Two (2) Family Members - \$200.00 per month

Member’s Name: _____
Member’s Spouse’ Name: _____
Member’s Family Member: _____

Payment Terms

I wish to pay my Plan Fee in monthly installments to be due at the end of each calendar month. The City of McKinney’s Oak Hollow Golf Course is hereby authorized to make a charge to my _____ (Visa or MasterCard) Credit Card, Account Number: _____-_____-_____-_____ expiration date: _____ in the amount of \$ _____ plus tax per month. I understand that my monthly billing can stop at any time by providing the Golf Course with a two weeks’ notice that I am terminating the agreement. I further understand the Golf Course has up to thirty (30) days to cancel the Agreement at that point and that some billing may occur after the date of written notification.

I agree to report to the Memberships Director all changes to the above Credit Card information within ten (10) days of the change. I agree that the Golf Course is not responsible for any charges (e.g., overdrawn accounts, exceeding credit card limits, etc) resulting from charges billed by the Golf Course.

I agree to pay the charges by the due date and understand that my membership will be suspended should a payment not be made.

Date: _____
Signature: _____

Name on Card: _____
Billing Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

Contact Information

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Oak Hollow Golf Course
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