Orleans Country Club

2027

New Member Application

Fall Promotion begins Monday, August 31, 2026

Fall 2026

Tee Snap
Member ID #: _____
To be filled in by OCC Staff.

Join Anytime this Fall play **UNLIMITED** golf

for the **rest of the 2026 season** & the **ENTIRE 2027 season**!

Applicable Memberships: Senior, Golden, Husband & Wife, Intermediate Plus & Intermediate

A new member is defined as someone who was not a member in 2026!

Please Print Clearly!

Name: _____ Age: ___ Birthdate: ___|___|___

Winter Mailing Address _____

Cell Telephone: (____) ____-_____ Landline Telephone: (____) ____-_____
If Applicable.

E-mail Address: _____

Bring completed form to the **OCC Pro Shop**
or Mail to **Orleans Country Club, PO Box 8, Orleans, VT 05860**

Payment Options: Paid in FULL or elect convenient PAYMENT PLAN

Senior Age 31 to 69	Golden Age 70+	Husband & Wife Senior Age 31 to 69	Intermediate + Age 25 to 30	Intermediate Age 19 to 24
$825 + $49.50 Tax	$770 + $46.20 Tax	$1585 + $95.10 Tax	$499 + $29.94 Tax	$350 + $21.00 Tax
$874.50 Paid in Full	**$816.20 Paid in Full**	**$1680.10 Paid in Full**	**$528.94 Paid in Full**	**$371.00 Paid in Full**
Payment Plan	**Payment Plan**	**Payment Plan**	**Payment Plan**	**Payment Plan**
$437.25 Now	$408.10 Now	$840.05 Now	$264.47 Now	$185.50 Now
Accounts Receivable	*Accounts Receivable*	*Accounts Receivable*	*Accounts Receivable*	*Accounts Receivable*
$437.25 by 5/1/2027	$408.10 by 5/1/2027	$840.05 by 5/1/2027	$264.47 by 5/1/2027	$185.50 by 5/1/2027
Date Paid: ___/___/26	Date Paid: ___/___/26	Date Paid: ___/___/26	Date Paid: ___/___/26	Date Paid: ___/___/26
Amount: $_____.____	Amount: $_____.____	Amount: $_____.____	Amount: $_____.____	Amount: $_____.____
Cash Check Credit	Cash Check Credit	Cash Check Credit	Cash Check Credit	Cash Check Credit

Credit Card Option Information needed for CREDIT CARD Payment. Once processed, this portion of form is cut off and destroyed.

Name associated with CREDIT CARD: _____ ***Pricing Notice: 3% Credit Card Convenience Fee applied.***

NUMBER: _____ _____ _____ _____ CCV: _____ Expiration Date: _____