



Willow Bend Membership Application

Contact Us: Willow Bend Country Club | 579 Hospital Drive Van Wert, OH 45891
Clubhouse: (419) 238-0111 or (419) 238-2417

Your Information (* are required fields)

First Name:* _____ Last Name:* _____

Your Birth Date:* _____

Address:* _____

City:* _____ State:* _____ Zip:* _____

Email:* _____

Phone:* _____ Is this a mobile phone number?* Yes No

Membership Options (* are required fields)

Please select Membership Level (all memberships + tax):

- Family - \$1650/yr or \$440/quarterly
- Junior Family (under 36 years) - \$1350/yr or \$360/quarterly
- Single (one golfer) - \$1300/yr or \$350/quarterly
- Junior Single (under 36 years) - \$825/yr or \$230/quarterly
- Student (18-25, with college ID) - \$300/yr (no food minimum)
- Regional Golfer (live in excess of 35 miles of Van Wert) - \$900/yr or \$250/quarterly

Non-Golfing Membership Levels:

- Social - \$275/yr or \$72/quarterly
- Business Social - \$400/yr or \$100/quarterly



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Membership Payment Frequency:* Annual Quarterly

Payment Method:

Credit Card Check Electronic File Transfer (EFT)

Additional Services - Available For The Duration Of The Golf Season:

Club Storage - \$100

Electric Cart Rental - \$760 for first person, \$300 per additional person

Trail Fee - \$600

There is a monthly minimum food and beverage service requirement of \$60.

Members who have not spent at least \$60 any month will be billed for the amount of their deficiency.

Membership dues are subject to 7.25% sales tax.

Your Spouse's Information (if applicable)

Spouse First Name: _____ Spouse Last Name: _____

Please provide the **names** and **birthdates** for any **children under age 23** who are living in your home or attending college:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____



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References

Reference Type:*

I know Willow Bend Country Club Members

I don't know Willow Bend Country Club Members

If you know members, please provide the names of **two or more members** of the Willow Bend Country Club with whom you or your family are well acquainted:*

Please provide any additional information you wish to share:

If you don't know members, please provide **two personal references**:*

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Phone: _____

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Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Phone: _____

Please provide any additional information you wish to share:
