



# 2025 Membership Application

Murray Recreation Association, P.O. Box 1101, Murray, KY 42071  
oaksgcc.com (270) 753-6454 oaks.info@yahoo.com

The undersigned hereby submits application for Full Membership in The Oaks Country Club, operated by Murray Recreation Association, Inc. The following information is submitted in support of the application and to indicate eligibility for Full Membership with The Oaks Country Club.

## Personal Information (please print):

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Spousal Information (please print):

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

## Children Information (please print):

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_



# 2025 Membership Application (cont.)

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Adult Family (Age 40 & Up) \$1600.00	Youth Family (Age 39 & Under) \$900.00	Senior (Age 62 & Up) \$1200.00	Single (Age 40 & Up) \$1100.00	Youth Single (Age 39 & Under) \$600.00
Social All Ages \$650.00				

The above prices include Kentucky’s 6% sales tax.  
Membership rates are determined by household.  
Age determined by younger spouse with exception to the ‘Senior’ rate.  
Age determined by applicant’s age as of January 1st.  
Senior rate is for members age 62.

## Payment Options:

- Option 1: One annual payment due January 1.
  - Option 2: Two semiannual payments due January 1 and May 1.
  - Option 3: 10 Monthly payments (Jan - Oct). Must be paid via auto-withdrawal.
- \*\*Social Memberships must pay in one payment\*\***

NOTE: All Memberships Plans are 1-year contracts. All dues are expected to be paid in full even if the member cancels the membership in the middle of the year. Exceptions will be made for medical reasons or other reasons approved by the board.

Contact the Treasurer regarding any questions about membership type or status.

The undersigned agrees that upon admission to membership, he/she will abide by all rules, regulations, and by-laws of Oaks Country Club. He/She also understands that his membership application is subject to the provision of Article III of Oaks Country Club by-laws and that this is not a charter membership.

Who, if anyone, referred you to Oaks Country Club? \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# 2025 Cart Shed Rental Agreement

Murray Recreation Association, P.O. Box 1101, Murray, KY 42071

oaksgcc.com

(270) 753-6454

oaks.info@yahoo.com

Annual Fee

\$200.00

By signing this agreement, I acknowledge:

- Cart sheds must be locked at all times, even while on the course playing golf.
- All locks must have a 1-9/16 inch shank or shorter
- A spare key must be turned in to the Pro Shop for the purpose of inspection and repair.
- If any electrical appliance is to be put in the cart shed an extra charge will be assessed. Chargers for GPS systems are exempt from this rule.
- All Cart Sheds have security lock pads to prevent bolt cutter entry.
- It is encouraged that all cart sheds be kept clean.
- Any items left in the cart shed for 60 days after dropping membership will be disposed of.
- Oaks Country Club shall not be responsible for any contents left in the Cart Shed including carts, clubs, or any other equipment of any kind. It is recommended that all contents of the cart shed be covered by the individual's home owner's insurance.
- Violation of these rules will result in loss of privilege to the Cart Sheds

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

*For internal purposes only:*

Cart Shed Committee Chair: \_\_\_\_\_

Cart Shed Assigned: \_\_\_\_\_



# 2025 Babysitter Pass

Murray Recreation Association, P.O. Box 1101, Murray, KY 42071  
oaksgcc.com (270) 753-6454 oaks.info@yahoo.com

Annual Fee  
\$50.00

By signing this agreement, I acknowledge:

- This babysitter pass can only be used when the named babysitter is watching the children listed below.
- This pass cannot be used for any non-babysitting purposes.
- This pass is for use of the pool only.

Membership Name: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

Babysitter's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2025 Range Pass Agreement

Murray Recreation Association, P.O. Box 1101, Murray, KY 42071  
oaksgcc.com (270) 753-6454 oaks.info@yahoo.com

Family	Single
\$150.00	\$100.00

By signing this agreement, I acknowledge:

- This pass allows for unlimited range balls during the 2025 membership year.
- The cost for the range pass is determined by my membership rate.
- The cost for the range pass must be made in full at the beginning of the season and will not be part of any payment plans.
- I am responsible for returning the basket to the Pro Shop after every use.
- The board of directors and the House and Grounds Chair may close the range at any time for maintenance or weather.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_



# Auto Draft Authorization Agreement

Murray Recreation Association, P.O. Box 1101, Murray, KY 42071  
oaksgcc.com (270) 753-6454 oaks.info@yahoo.com

By signing this agreement, I acknowledge:

- I am authorizing Oaks Country Club to draft my bank account/debit card/credit card monthly for outstanding membership dues and account balances.
- The draft payment will be withdrawn on the 6th of every month or on the closest business day thereto.
- I understand that my membership dues are invoiced annually but am allowed to pay monthly via auto draft. If I cancel my membership midseason, I am still liable for the remainder of my annual dues.
- I understand I am responsible for notifying the Pro Shop Manager or Club Treasurer if I desire to cancel my auto draft payments or of any changes to my banking information relating to my auto draft agreement.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_