

2026 FOX LAKE GOLF CLUB DUES & SERVICES STATEMENT

COURSE PHONE #: 920-928-2508
COURSE EMAIL: foxlakegolfclub@gmail.com

Golfer's Name: _____ Spouse Name: _____ Child(s) Name (s): _____
Address: _____ City, State, Zip: _____ Signature: _____
Phone #: _____ E-mail: _____ D.O.B: ____/____/____
Spouse Phone #: _____ Spouse E-mail: _____ Spouse D.O.B: ____/____/____

____ I am joining the Fox Lake Golf Club and have enclosed my dues **IN FULL**. ____ If paid in full by 1/31/26 you will receive guest passes as follows: COUPLE/FAMILY - **Six**; SINGLE - **Five**; 4-DAY Memberships - **Three**; COLLEGE/STUDENT - **Zero**; Bi-Year - **Zero**.

____ **Payment Plan**. Payments begin upon joining & must be paid **IN FULL by July 15, 2026** ***If paying by **Credit Card**, Add 2% to Total.

A **25% Down payment** must be paid @ time of joining if using the payment plan.

____ I am **NOT** joining Fox Lake Golf Club in 2026 and would like to ____ (a) Preserve my shares of stock, ____ (b) Redeem my shares of Stock at face value upon receipt of submitted original stock certificates (s) to Club Secretary.

MEMBERSHIP RATES (plus sales Tax)

NOTE: Membership Types per Annual Meeting Notice.

| | EXISTING MEMBER DUES | NEW MEMBER | | PAYMENT PLAN |
|---|--------------------------|------------|----------|-------------------|
| | | 1st Year | 2nd Year | 4 PAYMENT OR LESS |
| COUPLE/FAMILY (For Cart See Below) | \$1540 + \$140 per child | \$1,215 | \$1,370 | \$_____/Month |
| SINGLE (For Cart See Below) | \$1040 + \$140 per child | \$805 | \$925 | \$_____/Month |
| FOUR-DAY COUPLE/FAMILY (For Cart See Below) | \$945 + \$85 per child | \$750 | \$845 | \$_____/Month |
| FOUR-DAY SINGLE (For Cart See Below) | \$640 + \$85 per child | \$505 | \$580 | \$_____/Month |
| COLLEGE/STUDENT | \$290 | n/a | n/a | \$_____/Month |

Cart Lease (Single) - \$670; Cart Lease (Couple) - \$735; Four-Day Cart Lease (Single) - 400; Four-Day Cart Lease (Couple) - \$435; Course Trail Fee - \$190

Golf Cart Shed (Single) - \$350 ____ Golf Cart Shed Double - \$330 ____ Golf Cart Shed Electric - \$55 ____ (NOTE: Sales Tax N/A on \$'s in grey area.)

WSGA HANDICAP @\$32 each ____ (NOTE: Handicap needed for all Men's and Women's Golf Leagues. Please pay with membership)

Stock Purchase (Optional): Club records show you currently own ____ shares of stock. Stock Purchase is optional in increments of 5 shares @ \$10.00 per share. Number of shares ____ @\$10.00 each = \$ ____ **TOTAL DUE FOR STOCK PURCHASE** (no sales tax)

| | |
|---|---------|
| Membership Dues | \$ ____ |
| Golf Cart Lease | \$ ____ |
| Trail Fee | \$ ____ |
| Add 5.5% Sales Tax on above fees Sub Total \$ ____ ^ | |
| Stock Purchase (Sales Tax N/A) | \$ ____ |
| Golf Cart Shed (+ electric if applicable) (Sales Tax N/A) | \$ ____ |
| Handicap (Sales Tax N/A) | \$ ____ |
| Add 2% if paying by credit card on Sub Total \$ ____ ^ | \$ ____ |
| TOTAL | \$ ____ |

***The Fox Lake Golf Club is not responsible for any loss or damage to member's equipment stored or used on Club Property. Nor is the club liable for any injuries sustained by the players while golfing. Damages or breakage done to Club property, either in the clubhouse or on the club grounds will be charged to individuals causing such damage or breakage.

Please make checks payable to: Fox Lake Golf Club

Mailing Address: Post Office Box 12, Fox Lake, WI 53933

| | | |
|---------|-------------------------------|-------------------------------|
| OFFICE: | Rec ____ Amount ____ Ck# ____ | Rec ____ Amount ____ Ck# ____ |
| | Rec ____ Amount ____ Ck# ____ | Rec ____ Amount ____ Ck# ____ |