## Winter Mailing Address until March 5

White Lake Golf Club 6777 S. Shore Dr. Whitehall, MI 49461 wlgc@whitelakegc.com

BILL TO:

WLGC C/O Bill Borgman 6370 Southbridge St. Windermere, FL 34786

INVOICE DATE:

Jan. 1, 2024

2024 Dues and Fees

FOR: Due Date: 3/1/2024

## **All Full Time Student Members**

DESCRIPTION	UNIT COST	POST THIS YEARS AMOUNT
WLGC Dues - Student Membership - must be a Full Time Student and under age 25		\$400.00
If you are no longer a full time student, please email Bill for your current dues		
Optional Charges		
Seasonal Cart Fee - \$875 Family or \$675 single (deadline to sign up is June 1st) - PLEASE ADD THE CORRESPONDING AMOUNT	\$875 / \$675	
Locker Rental in Clubhouse or upper in club storage building	\$25.00	
Locker Rental in Club storage building	\$65.00	
Locker Rental in cart barn building	\$55.00	
Yearly Push Cart Rental	\$55.00	
Hole in One (\$5 per person)	\$5.00	
Optional Donation to WLGC Course Restoration Fund - PLEASE ADD \$ AMOUNT	Add \$	
Optional Donation to White Lake Junior Golf Foundation, a 501(c)(3) - PLEASE ADD \$ AMOUNT	Add \$	
Optional Donation to the Evan McCombs Practice Facility - PLEASE ADD \$ AMOUNT	Add \$	
Borgman Golf Program - Pro-Shop Discounts and (1) 1hour golf lesson	\$125.00	
Prepaid Guest Green Fees - 5 Green Fees with cart (all rounds must be used in 2024) - must be purchased buren 1st.	<sup>99</sup> \$300.00	
remit my dues with the understanding that I am responsible for any loss or damage to the personal property in my locker or that I leave at the Club, including but not limited to my golf clubs, equipment, and clothing, and I waive any rights to claim any liability on the part of the Club, its members or personal, for any such loss or damage.	SUBTOTAL	
Aake all checks payable to White Lake Golf Club.  f you have any questions concerning this invoice, contact Bill at wlgc@whitelakegc.com	SOBIOTAL	
THANK YOU FOR YOUR BUSINESS!	TAL INVOICE AMOUNT	

http://www.whitelakegolfclub.com/membership/application

Please Remit this invoice with your check, for accurate accounting

YOUR NAME:		

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