

Application for Membership Privileges

Member Information

Name of Applicant/Member: _____ Date ____/____/2017
(Please Print)

Current Home Address: _____
Street

City State Zip Code

Date of Birth: __/__/19__ Marital Status: ___ Single ___ Married ___ Engaged

Name of Employer: _____ Title: _____

Business Phone #: _____-_____-_____

Home Phone #: _____-_____-_____ Cell Phone #: _____-_____-_____

E Mail Address: _____@_____

Please Mail Club Billings To: ___Home ___Work

Spouse or Significant Other Information

Spouse/Significant Other Name: _____ Date of Birth: __/__/19__

Name of Employer: _____ Title: _____

Business Phone #: _____-_____-_____ Cell Phone #: _____-_____-_____

E Mail Address: _____@_____

Dependent Information

Note: Dependent is an unmarried child under 18 living at home or unmarried child under age 23 attending college full time.

Date of Birth ____/____/____

Date of Birth ____/____/____

Date of Birth ____/____/____

Date of Birth ____/____/____

Membership Classification

Please Check One

___ **Family** – Legally Married Couple
___ Full ___ Intermediate (30 – 35) ___ Junior (under 30)

___ **Single** – A Single (unmarried) Individual
___ Full ___ Intermediate (30 – 35) ___ Junior (under 30)

___ **Social**

Note: For Family Memberships the age of the older spouse determines the membership category.

Sponsors

Primary Sponsor: _____ Signature: _____
Please Print

Secondary Sponsor: _____ Signature: _____
Please Print

I, the undersigned, hereby make application for membership at Indianola Country Club and understand that this application is subject to the approval of the Indianola Country Club Board of Directors.

It is expressly understood that this application is subject to the initiation fees and dues in effect for new members at the time of my admission to Indianola Country Club. Upon acceptance, I agree to abide by the By-Laws and Rules of Conduct of the Indianola Country Club. I/We understand and agree that we are joining Indianola Country Club under a special promotional event that waives the initiation fee for my/our membership. **In consideration of the waiver of the initiation fee, I/we have committed to belong for at least 24 months or pay dues for 24 months unless an early resignation is granted by the Indianola Country Club Board of Directors.** I/we hereby authorize Indianola Country Club to initiate automatic payments from my/our checking account for monthly dues and the yearly cart fee. If my auto payment account fails I/we then authorize Indianola Country Club to debit our fees by the credit card provided for all amounts due to Indianola Country Club.

Signature of Candidate _____ **Date** ___/___/2017

Signature of Spouse _____ **Date** ___/___/2017

For Club Use Only

Payment of Membership Dues

I/We would prefer monthly statements to be mailed to: _____ Home _____ Work

Members have the option to pay membership dues yearly, quarterly or monthly. All membership dues, including cart shed fees or trail fees, will be deducted automatically from your designated bank account. If accepted for membership, the candidate agrees to pay the account in full when due. The candidate agrees and understands that a late charge, established by the club and within provisions of the law, *may* be assessed for past-due accounts. In addition to late fees, penalties may include, but are not limited to, suspension of Club privileges and/or expulsion from membership. The candidate further agrees to maintain a major credit card account in the candidate's name on file with the Club at all times. In the event that the candidate's account becomes delinquent by more than (60) days or the designated account for dues to withdrawn from is declined, the Club shall have the right to bill such past due amounts to the candidates credit card. In the case that neither resource above is capable of paying the candidates fees said candidate agrees to pay all reasonable attorneys' fees, investigation fees and other costs incurred in connection with the collection of delinquent accounts.

By signing below, the candidate agrees to, and fully authorizes all membership dues to be deducted from listed bank account.

Type of Account: _____ Checking _____ Savings

Bank Routing Number: _____

Bank Account Number: _____

Name of Financial Institution: _____

Name(s) on Bank Account: _____

Branch Address: _____

Branch Telephone Number: _____ - _____ - _____

Signature _____ Date _____

Print Name _____

By signing below, the candidate agrees to, and fully authorizes any delinquent dues to be deducted from said credit card.

Credit Card Issuer: _____

Card Holder Name: _____

Card Holder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number _____ Expiration: _____

V-Code: _____

Signature _____ Date _____

Print Name _____