

Application for Membership Privileges

Member Information

Name of Applicant/Member: _____ Date ____/____/2019
(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 Children Under the age of 18

_____	Date of Birth	____/____/____
_____	Date of Birth	____/____/____
_____	Date of Birth	____/____/____
_____	Date of Birth	____/____/____

Membership Classification

Please Check One

___ **Family** – Legally married couple or single parent with children under the age of 18.
\$120/mo. paid for 12 consecutive months

___ **Single** – A Single (unmarried) individual not including children under the age of 18.
\$100/mo. paid for 12 consecutive months

Sponsor

Primary Sponsor: _____ Signature: _____
Please Print

I, the undersigned, hereby make application for the distance membership at Indianola Country Club and understand that this application is subject to the approval of the Indianola Country Club Board of Directors. **I/we are stating that our primary residence, which is the address I/we provided on this application, is over 25 miles from 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 that this is a 12 month commitment and that we will owe the monthly dues for twelve consecutive months. I/we also understand that this is a trail membership and that this membership may not be available after I/we finish our twelfth month. 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 ____/____/2019

Signature of Spouse _____ Date ____/____/2019

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.

Attach Voided Check Here.

Signature _____ Date ____/____/2019
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 ____/____/2019
Print Name _____