

# Application for Membership Privileges

## Member Information

Name of Applicant/Member: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2025  
(Please Print)

Current Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Engaged

Name of Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

## Spouse or Significant Other Information

Spouse/Significant Other Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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)

\_\_\_ **Distance** - Home Address 25+ miles from Indianola Country Club  
\_\_\_ Single      \_\_\_ Family

\_\_\_ **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 an 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. If I/we were to be granted an early resignation I/we agree to pay the \$1000.00 initiation fee that was waived when we joined.** 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 we own a private golf cart.

**Signature of Candidate** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/2025

**Signature of Spouse** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/2025

**For Club Use Only**

\_\_\_\_\_  
\_\_\_\_\_

## Indianola Country Club ACH Authorization for Direct Payment VIA ACH

Direct Payments via ACH is the transfer of funds from a consumer account for the purpose of making payment.

I (we) authorize Indianola Country Club to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for (select one)

\_\_\_ recurring entries (that recur at substantially regular intervals without my affirmative action to initiate

Future entries:

\_\_\_\_\_ **Monthly** which occurs on the 10<sup>th</sup> of the month unless the 10<sup>th</sup> is a Sunday or Holiday in which the transaction would occur on the next bank business day.

\_\_\_\_\_ **Yearly** which occurs on 1/10 unless the 10<sup>th</sup> is a Sunday or Holiday in which the transaction would occur on the next bank business day

as follows:

(select one) at the depository financial institution named below (“DEPOSITORY”), I (we) agree that ACH transactions I (we) comply with all applicable laws.

\_\_\_\_\_ Checking Account      \_\_\_\_\_ Savings Account

**Please attach voided check or financial institution account verification letter to this form.**

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:

I (we) understand that this authorization will remain in full force and effect until I (we) notify Indianola Country Club via e mail that I (we) wish to revoke this authorization.

I (we) understand Indianola Country Club requires at least two weeks prior to notice in order to cancel this authorization.

Receivers Name(s) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/2025      Signature(s) \_\_\_\_\_

\_\_\_\_\_