

# Application for Membership Privileges

## Member Information

Name of Applicant/Member: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2021  
(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.  
\$130/mo. paid for 12 consecutive months

\_\_\_ **Single** – A Single (unmarried) individual not including children under the age of 18.  
\$110/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 after our twelfth consecutive month that our membership will automatically renew. After that we may resign from our commitment on either January 1<sup>st</sup> or July 1<sup>st</sup>. Resignations are only accepted on these two dates once the initial agreement has been fulfilled. 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 a yearly cart fee applies. 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 \_\_\_\_/\_\_\_\_/2021

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2021

**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 \_\_\_\_\_