

Application for Membership Privileges

Member Information

Name of Applicant/Member: _____ Date ____/____/2022
(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: _____ @ _____

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)

___ **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 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** ____/____/2022

Signature of Spouse _____ **Date** ____/____/2022

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)

___ a single (one time) entry

___ recurring entries (that recur at substantially regular intervals without my affirmative action to initiate Future entries) ___ Quarterly ___ Monthly ___ Yearly

as follows:

___ Checking Account / ___ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"), I (we) agree that ACH transactions I (we) comply with all applicable laws.

Depository Name / Bank _____

Routing # _____ Account # _____

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

Date(s) including the start date and /or frequency of debit(s): _____

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 ____/____/20____ Signature(s) _____

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