

# 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: \_\_\_\_\_ @ \_\_\_\_\_

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.  
\$150/mo. paid for 12 consecutive months

\_\_\_ **Single** – A Single (unmarried) individual not including children under the age of 18.  
\$125/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 \_\_\_\_/\_\_\_\_/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.**