

Membership Application



Type Of Membership

- ☐ Full Regular Stockholder
\$1000 stock purchase
- ☐ Full Regular (non-stock)
- ☐ Full Junior (21-30)
- ☐ Full Senior (70 & above)
- ☐ Full Non-Resident
- ☐ Business Social or Social

Entrance fee for Stockholder needs to be included with application.

APPLICANT INFORMATION

Name: _____ Birth Date: _____

Spouse (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone Number: _____

Dependents Living At Home: _____ Birth Date: _____

_____	_____
_____	_____
_____	_____
_____	_____

Send Club Correspondence to my: Home ☐ Business ☐

Business Name: _____ Position: _____

Type of Business: _____ Length of Employment: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____ Business Phone Number: _____

Recommended by: _____

Sponsoring Member: _____

Sponsoring Member: _____

As an applicant for Membership, I agree to the following terms and conditions as they relate to joining Paola Country Club.

Commitment to Membership for a Minimum of twelve (12) months. I hereby obligate myself for the payment of all monthly dues, fees and charges for a minimum period of twelve (12) months which shall begin with the date I am notified that my application is accepted and shall conclude twelve (12) months later. After the (12) month period, membership shall be on a month-to-month commitment. **Terminations must be made in writing.**

I hereby make application for membership in Paola Country Club, Inc. for which I agree to pay all dues and assessments as adopted by the Board of Directors. If elected to membership by the Board of Directors, I will abide by the rules, regulations and by-laws of Paola Country Club, Inc. as amended.

Signature of Applicant _____ Date _____



2020 Membership Drive Agreement

Conditions of Membership

I, _____, hereby apply to become a:

- | | | |
|--|--|---|
| <input type="radio"/> Full Regular Stockholder | <input type="radio"/> Full Junior (21-30) | <input type="radio"/> Full Non-Resident |
| <input type="radio"/> Full Regular (non-stock) | <input type="radio"/> Full Senior (70 & above) | <input type="radio"/> Business Social or Social |

As an applicant for membership, I agree to the following terms and conditions as they relate to joining the Club.

Commitment to membership for a minimum period of twelve (12) months.

I hereby obligate myself for the payment of all monthly dues, fees and charges for a minimum period of approximately twelve (12) months, which shall begin with the date I am notified that my application is accepted and shall conclude (12) months after my initial application date. After the (12) month period membership shall be on a month to month commitment.

Terminations must be in writing.

Privileges and limitations during twelve (12) month period.

During the twelve month period, I shall be entitled to the same use of the Golf Course, Clubhouse, Swimming Pool and Club activities and privileges as represented by the Membership category in which I joined.

Promotion Rates

2020 membership promotion is \$80.00 per month until April 1st, 2021 at which time will increase to \$100.00. Rate will remain at \$100.00 until 2022.

Paola Country Club By-Laws and Rules and Regulations

I agree to be bound by the By-Laws and Rules and Regulations of Paola Country Club.

Junior Membership

Upon reaching the age of thirty-five (35) and converting to Full Regular (Non-stockholding) Member status, will owe no additional initiation fees.

Payment Terms

All new Members are required to use a credit card or automatic debit for payment on account. All accounts must stay current or promotional rates will be forfeited after 30 days part due.

Applicant's Name (print) _____ Sponsor's Name _____

Applicant's Signature _____

Credit & Debit Card Authorization

I (we) hereby authorize Paola Country Club, hereinafter called COMPANY, to initiate debit entries for Monthly Bill Payments to my (our) credit or debit card indicate below.

Member Name _____ Member Number _____

Billing Address _____

Credit Card Number _____

Exp _____ V Code _____ Type of card ___ Discover ___ MasterCard ___ Visa

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

Signature _____ Date _____

Name (printed) _____