

**HIAWATHA COUNTRY CLUB
P.O. BOX 133
HIAWATHA, KANSAS 66434**

2024 MEMBERSHIP FORM

NAME _____ SPOUSE _____

ADDRESS _____
STREET CITY STATE ZIP

CHILDREN _____

TELEPHONE NUMBER _____

EMAIL ADDRESS: NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____

(Please send your address to: hiawathacountryclub@yahoo.com)

MEMBERSHIP

FULL:
____ ANNUAL \$1,053.00(includes tax)
____ MONTHLY AUTO \$ 93.00

SINGLE/SPECIAL:
____ ANNUAL \$994.00(includes tax)
____ MONTHLY \$ 86.00

SOCIAL:
____ ANNUAL \$300 (tax included)

Senior Single Special (75 and older)
____ ANNUAL \$756.00(includes tax)
____ MONTHLY \$65.00

JUNIOR:
____ ANNUAL \$178 (includes tax)

CART SHED RENTAL
____ GAS \$100 _____ ELECTRIC \$150.00 _____ SHED SPACE NUMBER

DATE _____ AMOUNT PAID _____

IF YOU CHOOSE THE MONTHLY PAYMENT OPTION YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM.

PREAUTHORIZED CONSOLIDATED BILLING INFORMATION

I HEREBY AUTHORIZE HIAWATHA COUNTRY CLUB TO DRAW FUNDS AGAINST MY ACCOUNT WITH THE FINANCIAL INSTITUTION INDICATED HEREON TO PAY MEMBERSHIP DUES FOR USE OF THE HIAWATHA COUNTRY CLUB. I UNDERSTAND THAT THIS IS A TWELVE (12) MONTH COMMITMENT. (JANUARY 2022 – DECEMBER 2022)

DATE

SIGNATURE OF MEMBER

FINANCIAL INSTITUTION INFORMATION
(COMPLETE ONLY IF SIGNING UP FOR THE FIRST TIME OR HAVE CHANGED BANKS)

NAME OF INSTITUTION

INSTITUTION'S ADDRESS

ACCOUNT NUMBER

CHECKING SAVINGS

MONTHLY SWEEP ACCOUNT DAY:

5TH _____ 20TH _____

PLEASE ENCLOSE A VOIDED CHECK OR DEPOSIT SLIP WITH THIS AUTHORIZATION.

(12-MONTH COMMITMENT) IF YOU SIGN UP FOR THE 12-MONTH AUTOMATIC PAYMENTS YOU ARE EXPECTED TO COMPLETE THE FULL YEARS MONTHLY PAYMENTS, EVEN IF YOU DECIDE TO END YOUR MEMBERSHIP PRIOR TO YEAR END. THE CLUB HAS AMENDED ITS BYLAWS IN 2003.

IF THE FULL 12-MONTH COMMITMENT IS NOT FULFILLED YOU WILL BE REQUIRED TO PAY ANY UNPAID PORTION PLUS THE TOTAL CURRENT YEARS PORTION IF YOU WISH TO REJOIN THE CLUB IN THE FUTURE.