

PAOLA COUNTRY CLUB

2014 MEMBERSHIP DRIVE AGREEMENT

CONDITIONS OF MEMBERSHIP

I _____, hereby apply to become a:

- | | |
|--|--|
| <input type="checkbox"/> Full Regular (Stockholder) Member | <input type="checkbox"/> Full Junior (ages 21-34) Member |
| <input type="checkbox"/> Full Regular (Non-Stockholder) Member | <input type="checkbox"/> Full Non-Resident Member |
| <input type="checkbox"/> Full Senior (age 65 & up) Member | <input type="checkbox"/> Business Social or Social |

18 Month Commitment

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 (18) months

I hereby obligate myself for the payment of all monthly dues, fees and charges for a minimum period of approximately twelve (18) months, which shall begin with the date I am notified that my application is accepted and shall conclude (18) months after my initial application date. After the (18) month period membership shall be on a month to month commitment.

Terminations must be in writing.

Privileges and Limitations during twelve (18) 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

2014 membership promotion is NO dues until March 1st 2014 then \$80.00 per month until April 1st 2015 at which time will increase to \$100.00. Rate will remain at \$100.00 until 2016

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 past due.

Applicant's Name (please print) _____

Applicant's Name (please sign) _____

Sponsor's Name _____

PAOLA COUNTRY CLUB MEMBERSHIP APPLICATION

Type of Membership Applying For:

- Full Regular Stockholder---\$1000.00 (stock purchase)
- Full Regular (non-stock)
- Full Junior (21-34)
- Full Senior (65 & above)
- Full Non-Resident
- Business Social or Social

Check for entrance fees listed above needs to be included with application.

APPLICANT INFORMATION

Name _____ Birth Date _____
Spouse (if applicable) _____
Street Address _____ Email _____
City _____ State _____ Zip _____ Home Phone # _____
Dependent's living at home: Birth Date: Dependent's living at home: Birth Date:

Please send Club correspondence to my: Home Business
Business
Name _____ Position _____
Type of Business _____
Title _____ Length of Employment _____
Street Address _____
City _____ State _____ Zip _____
Business Phone # _____ Business Fax # _____
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 eighteen (18) months. I hereby obligate myself for the payment of all monthly dues, fees and charges for a minimum period of eighteen (18) months which shall begin with the date I am notified that my application is accepted and shall conclude eighteen (18) months later. After the eighteen (18) 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 _____

DEBIT AUTHORIZATION

I (we) hereby authorize Paola Country Club, hereinafter called COMPANY, to initiate debit entries for Monthly Bill Payment to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payment of amount due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name	Branch	
Address	City/State	Zip
Routing Number	Account Number	

Type of account Checking Savings

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 and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name	Signature
Date	

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM

CREDIT & DEBIT CARD AUTHORIZATION

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

Member Name

Member Number

Address

Credit Card Number

Expiration Date

V Code

Type of card Discover Master Card 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.

Print Individual Name

Signature

Date