

Membership Application
Indianola Country Club
1610 Country Club Road
Indianola, IA 50125
961-3303

Jason Marvelli
PGA Head Golf Professional and Club Manager
961-3303

Date of Application: _____

Name: _____

_____ Date of Birth

Spouse Name: _____

_____ Date of Birth

Residence: _____

Street

_____ City

_____ State

_____ Zip

Residence Phone: _____

Children's Names and Birthdates

(Unmarried children under 23)

Employment (Firm Name): _____

Employment Address: _____

Employment Phone: _____

Please check one

Mail Statements:

Home

Employment

Mail Notices

and Bulletins:

Home

Employment

email

Email Address: _____

Note: All Newsletters will be sent by email unless otherwise requested.

Type of Membership Requested *(check one)*

Family - Legally Married Husband & Wife
____ Full ____ Intermediate (30-35) ____ Junior (under 30)

Single - A Single (unmarried) Individual
____ Full ____ Intermediate (30-35) ____ Junior (under 30)

Social

I, the undersigned, hereby make application for membership in the Indianola Golf and Country Club and understand that this application is subject to the approval of the 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 the club. Upon acceptance, I agree to abide by the By-Laws and Rules of Conduct of the Indianola Golf and Country Club.

I agree to belong for at least twelve months or pay dues for at least twelve months.

Applicant's Signature: _____

1) Sponsor: _____

2) Sponsor: _____

Application Deposit of \$100 Required

Application received _____ **with check for \$** _____

Application Approved: _____