

Wamego Country Club
Voting Membership Application

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Employer: _____ Occupation: _____

Spouse: _____ DOB: _____

Email: _____ Phone: _____

Employer: _____ Occupation: _____

Unmarried Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

Membership Type: (circle one)

Family Single *Senior Single *Senior Family *Junior Single *Junior Family Military

Sponsoring Member: _____ Phone: _____

Payment of the following shall accompany your application:

>Non Refundable Stock Fee: \$500 Family & Single / \$300 Junior / \$100 Military

Family, Single, & Junior can be broken into 2 payments. Half at sign up and half after 6 months

>Either full payment of dues for the next 12 months; or first months dues along with signed form authorizing automatic bank withdrawal of monthly dues, or leaving a credit card on file for payment of monthly dues and charges.

*Membership types require proof of age (copy of driver's license) from applicant and spouse.

Member Applicants that are accepted into membership at the Wamego Country Club will be liable for all dues payments for a minimum of 12 months from date of approval by the Wamego Country Club Board of Directors. After 12 months members who choose to terminate their membership are required to submit a letter of resignation to the BOD for approval.

If you have any questions regarding membership please contact the club at 785-456-2649.

If my application for membership is approved, I agree to abide by the Bylaws and Rules/Regulations governing the operation of the Wamego Country Club.

Signature of Applicant: _____

Signature of Spouse: _____

Application Date: _____

Wamego Country Club

OPTION 1: ACH Withdrawal Authorization

Company ID Number 48-0586238

I hereby authorize Wamego Country Club Inc., hereinafter called THE CLUB, to initiate debit entries from my account indicated below at the depository/financial institution named below, hereinafter called DEPOSITORY, and to debit the same from such account. I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.

I authorize the following fees be debited from my account on the first day of every month, if Monthly is selected above; or on the 31st day of January if Annual is selected above, in accordance with the Club's fee schedule currently in effect, net of any applicable discounts and including sales tax. If Annual is selected, a bank transfer will only be made if THE CLUB has not received payment from me by January 31st.

ACH withdrawal will only be valid for payment of monthly dues and or shed rent. All other charges on account will be billed to member on a monthly basis.

Check all that you choose to pay using automatic bank withdrawal:

Membership Dues Cart Shed Rent

Depository / Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Checking Savings

Name on Account: _____

Bank Routing #: _____ Account #: _____

This authorization is to remain in full effect until THE CLUB has received written notification from me of its termination in such time and in such manner as to afford THE CLUB and DEPOSITORY a reasonable opportunity to act on it.

Member:

Spouse:

Print: _____

Print: _____

Sign: _____

Sign: _____

Date: _____

Date: _____

Wamego Country Club

OPTION 2: Credit Card Authorization

Company ID Number 48-0586238

I hereby authorize Wamego Country Club Inc., hereinafter called THE CLUB, to initiate charges to the Credit Card listed below and to debit the full account balance of my Wamego Country Club Account on a monthly basis.

I authorize that all charges to my Wamego Country Club Account are to be billed in full to the Credit Card on file listed below on the first day of every month. These charges to my Wamego Country Club Account include but are not limited to Dues, Rental Fees, Driving Range, Repairs, Food, Beverage, and Pro Shop Purchases.

Credit Card Type: VISA MASTERCARD

Card Number: _____ Exp: _____

Name on Card: _____ CVV: _____

This authorization is to remain in full effect until THE CLUB has received written notification from me of its termination in such time and in such manner as to afford THE CLUB a reasonable opportunity to act on it.

Member:

Print: _____

Sign: _____

Date: _____

Spouse:

Print: _____

Sign: _____

Date: _____