

# *Membership Application*



**Emporia Country Club**

P.O. Box 744  
Emporia, Kansas 66801

# Emporia Country Club

## Application for Membership

I hereby make application for membership in the Emporia Country Club.

Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Birthday \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Applicant's Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Spouse Name \_\_\_\_\_ Birthday \_\_\_\_\_

Email: \_\_\_\_\_ Anniversary Date \_\_\_\_\_

Children:  
 (Under 21) Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name \_\_\_\_\_ Birthday \_\_\_\_\_

I would like my statement mailed to (circle): Home Office Emailed

I would like to receive my Newsletter & Calendar: (circle): Online / By Mail / Both

ECC Member Sponsors:

X \_\_\_\_\_

X \_\_\_\_\_

## Membership Request

<input type="checkbox"/>	Full Membership	One Share Stock no par value	\$300.00
		Entrance Fee	\$500.00
		One Months Dues**	\$225.00
		Sales Tax	<u>\$ 90.20</u>
		Total	\$1115.20
<input type="checkbox"/>	Junior Full Membership	Entrance Fee	\$250.00
		One Months Dues**	\$105.00
		Sales Tax	<u>\$ 31.24</u>
		Total	\$386.24
<input type="checkbox"/>	Social Membership	Entrance Fee	\$100.00
		One Months Dues**	\$ 88.00
		Sales Tax	<u>\$ 16.54</u>
		Total	\$204.54
<input type="checkbox"/>	Dining Only Membership	One Months Dues	\$ 20.00
		Sales Tax	<u>\$ 1.76</u>
		Total	\$ 21.76

\*\* Full & Junior Memberships have a capital assessment fee of \$17 per month.  
 Social Memberships have a capital assessment fee of \$8 per month.\*\*

I understand by signing this application for membership,  
 Emporia Country Club has my permission obtain a Credit Bureau Report.  
 I have read and agree to abide by the rules and regulations of the club  
 as set-forth in the by-laws.

I understand my membership is provisional until approved at the  
 next regular meeting of the Board of Directors.

ALL FEES SHOULD ACCOMPANY THIS APPLICATION

Payment of \$ \_\_\_\_\_ is enclosed.

X \_\_\_\_\_ Date \_\_\_\_\_  
*Applicant*