

Phone: (620) 342.0343

Address: 1801 Rural Street Emporia, KS 66801

Email: mgr@emporiacc.org



APPLICATION For Membership

From the Board of Directors: The undersigned hereby makes application for a _____ **MEMBERSHIP** in **EMPORIA COUNTRY CLUB** and if elected, agrees the payment of all dues and fees per their classification for a period of 12-months which will commence on the effective date that their membership is approved by the Board of Directors. After the 12-month period, said membership shall have the opportunity to recommit for another 12-months. Or, said membership may be terminated with a 30-day notice in writing.

Date of Application: _____ Date Received: _____

Applicant Signature: _____

Applicant Full Name (*printed*): _____

Applicant INFORMATION

Cell Phone: _____ Home Phone: _____

Email: _____ Date of Birth: (m/d/y) _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse INFORMATION (*if applicable*)

Spouse Name: _____

Date of Birth: (m/d/y) _____ Anniversary Date: (m/d/y) _____

Cell Phone: _____ Email: _____

Applicant EMPLOYMENT INFORMATION

Employer: _____ Since: _____

Title or Position: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Membership Application *continued...*



APPLICATION For Membership *continued...*

Spouse EMPLOYMENT INFORMATION *(if applicable)*

Employer: _____ Since: _____

Title or Position: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

CHILDREN *(Still in school AND living at home)*

Name: _____ Date of Birth: *(m/d/y)* _____

Name: _____ Date of Birth: *(m/d/y)* _____

Name: _____ Date of Birth: *(m/d/y)* _____

Name: _____ Date of Birth: *(m/d/y)* _____

Membership PREFERENCES

How do you prefer to receive monthly statements?

_____ Mailing Address _____ Work Address _____ Email Address

Do you wish to setup monthly auto payments? _____ Yes _____ No

If yes, please check all that apply: _____ ACH Authorization _____ Credit Card

How do you prefer to receive Club communications? *(Check all that apply)*

_____ Mail Address _____ Email Address _____ Facebook

Membership SPONSOR

This sponsor is an existing member of Emporia Country Club who has agreed to be the student's liaison for the Club. If a current member is not known, the office will appoint one for the Student.

Sponsor Full Name *(printed)*: _____

I have known the applicant for _____ years.

My relations with the applicant have been: _____ Professional _____ Business _____ Social

Sponsor Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Application was Received: _____

Payment for \$: _____ Date Payment Received: _____

Membership Approved: _____ Yes _____ No Date Approved by Board of Directors: _____

Membership Effective Date: _____ Stock Certificate Number: _____ Issued On: _____