

Phone:
Email:

(620) 342.0343
mgr@emporiacc.org

Address: 1801 Rural Street Emporia, KS 66801



ESU STUDENT Membership Application

From the Board of Directors: The undersigned hereby makes application for an **ESU STUDENT 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.

Applicant Signature: _____ Date of Application: _____
Applicant Full Name (printed): _____ Date of Birth (m/d/yr): _____

APPLICANT Contact Information

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

APPLICANT Employment Information *(if applicant is OVER the age of twenty-one)*

Employed by: _____ Since: _____
Title or Position: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____

PARENTAL Consent *(if applicant is UNDER the age of twenty-one)*

Parent Signature: _____
Parent Full Name: _____

PARENT Contact Information *(if applicant is UNDER the age of twenty-one)*

Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Membership Application *continued...*

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ESU STUDENT Membership Application *continued...*

PARENT Employment Information *(if applicant is UNDER the age of twenty-one)*

Parent Employed by: _____ Since: _____

Title or Position: _____

Parent Business Address: _____

City: _____ State: _____ Zip: _____

Parent Business Phone: _____

Membership PREFERENCES

If the applicant is UNDER the age of Twenty-One, monthly statements will be sent to both the Parent and the Students preference.

STUDENT: How do you prefer to receive monthly statements?

_____ Mailing Address _____ Business Address _____ Email Address

PARENT: How do you prefer to receive monthly statements?

_____ Mailing Address _____ Business Address _____ Email Address

What is your payment preference for any items purchased on premise?

_____ Cash & Carry _____ Credit Card on File

Membership MENTOR

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 Annual Dues of **\$781.20** was received on this day: _____

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

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

