



1734 Country Club Lane • Marshalltown, IA 50158 • (641) 753-6228

Elmwood Membership Application
Type of Membership Requested (Please check one)

_____ Application Date

- | | |
|--|---|
| _____ Full (full privileges married &/or dependent children) | _____ Junior (full privileges - under 30) |
| _____ Single Full (full privileges for a single person) | _____ Social (all privileges except golf) |
| _____ Senior Full (full privileges - age 80) | _____ Dining (dining only) |
| _____ Young Professional (full privileges - age 35-39) | _____ Non-Resident (full privileges) |
| _____ Intermediate (full privileges - age 30-34) | _____ Date of 35th Birthday (if applicable) |

One time Initiation Fee: \$1,500.00 paid in Full, over 12 months, or over 24 months (circle one)

Name of Applicant: _____ Date of Birth: _____
 (Required)

Name of Spouse: _____ Date of Birth: _____
 (Required)

Wedding Anniversary: _____

Names, ages, and Date of Birth of dependents 19 and under: _____

Home Address: _____

Phone No: _____ Email: _____

Employer: _____ Work Phone: _____

Address: _____ Nature of Business: _____

_____ Position: _____

Spouse's Employer: _____ Work Phone: _____

Bank Reference: _____

Sponsor's Name: _____ Sponsor's Signature: _____

Memorandum of Agreement

The signature below constitutes execution of a Memorandum of Agreement with Elmwood Country Club (hereinafter the "Corporation") in which the person signing agrees that, as a part of the consideration for membership in said Corporation, said membership is issued subject to the provisions of this agreement, as well as all of the terms, conditions and stipulations contained in the By-Laws of the Corporation, enacted or to be enacted.

I understand that my (our) membership will continue unless cancelled by a written letter of resignation from me(us) to the Elmwood Office, or if terminated by the Elmwood Board of Directors, pursuant to the terms and conditions set forth in the by-laws of Elmwood Country Club.

Applicant's Signature _____ Date _____

Elmwood Board Secretary _____ Date of Board approval _____