



Est. 1896

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

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

Application Date \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Required)

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Required)

Names, ages, and Date of Birth of dependents 19 and under: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell 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.

**Membership Year is July 1<sup>st</sup> through June 30<sup>th</sup>**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Elmwood Board Secretary \_\_\_\_\_ Date of Board approval \_\_\_\_\_

**Required: Copy of ID and Credit Card on File**

**OPT OUT:** DO NOT include me in the membership directory \_\_\_\_\_ (Initials).  
 If this box is not checked, you will be included in the directory unless you notify the office in writing.