



Membership Application Effective 10/1/08

Date: _____ Email Address: _____

Applicant's Name: _____ Spouse _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone # _____

Occupation: _____ Place of Employment: _____

Spouse's Occupation: _____ Place of Employment: _____

Birth date: (If applicant is 40 or under for Jr. Membership or Student) _____

Children living at home:

#1 _____ Birth date: _____

#2 _____ Birth date: _____

#3 _____ Birth date: _____

Applicant's Signature: _____

Sponsoring Member #1: _____

Sponsoring Member #2: _____

Must have 2 sponsoring members. Membership is contingent upon investigation and approval by the Membership Committee of the Eldon Country Club Board of Directors.

Office Use Only

Date of Acceptance : _____ Account# _____

Lake of the Ozarks, Eldon, Missouri 65026 (573) 392-4172, Fax: (573) 392-1281

Send Correspondence to: 35 Golf Course Road, Eldon, Missouri 65026

info@eldoncountryclub.com

www.eldoncountryclub.com

Membership Type	Annual Dues	Tax	Per Month
Family	\$935.00	\$53.53	\$84.00
Single	\$770.00	\$44.08	\$70.00
Social	357.50	\$20.47	\$33.00
Student	\$192.50	\$11.02	N/A
Jr. Membership (under 40)	N/A	N/A	\$50.00
Jr. Membership with Family Cart	N/A	N/A	\$100.00
Jr. Membership with Single Cart	N/A	N/A	\$92.00
Jr. Membership with Trail Fee	N/A	N/A	\$75.00
Family with Trail Fee	N/A	N/A	\$108.00
Family with Cart Pass	N/A	N/A	\$133.00
Single with Trail Fee	N/A	N/A	\$93.00
Single with Cart Pass	N/A	N/A	\$112.00
Trail Fee	\$275.00	\$15.74	N/A
Family Cart Pass	\$600.00	N/A	N/A
Single Cart Pass	\$500.00	N/A	N/A

Eldon Country Club Membership ACH Payments Agreement (Auto Debit)

Applicant: _____
Mailing Address: _____
Membership Program: Break Down _____
Of Months _____ \$/Month _____ Starting Date _____

I have given authority to Name and Address of
Bank: _____

To honor preauthorized checks drawn by you on my account for membership/program payments as indicated above. It is understood that your sending of a preauthorized (ACH) check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership/program. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by one in the amount of said payment.

****Attach Voided Check here**

Depositor's Account No. _____ Checking Savings
Bank Routing No. _____

1. It is to my complete understanding that if I wish to terminate or change my membership/program in any way, I must give thirty (30) days written notice. Drafted amounts are not refundable except in the case of double drafts or incorrect amounts. If I terminate, I understand I must turn in all of my membership/program cards.
2. In the event I cancel my membership before payment of yearly dues are complete, a termination fee of Three (3) Months Payment will be applied and deducted from my account.
3. Membership will be renewed for an additional 12 month term unless written notice is given to cancel membership. Eldon Country Club reserves the right to increase fees after the first initial 12 months of the contracted agreement without written or verbal notice.
4. Should any membership/program draft not be honored by my bank for any reason, I realize that I am still responsible for payment plus a service charge applied by Eldon Country Club. This is in addition to any service fee my bank may make.

Date: _____

Member Signature: _____ Staff Signature _____

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