WAMEGO COUNTRY CLUB

Voting Membership Application

Name		DOB
Address		
City	State	Zip
Email		Phone
Employer	Occupation	
Spouse		DOB
Email		Phone
Employer	Occupation	
Unmarried Children		Age
		Age
		Age
	MEMBERSHIP TY Fees Listed	PE – CHECK ONE are Monthly
☐ FAMILY (36-64 Coup	oles & Children • \$253) 🗆 SINC	GLE (36-64 • \$217) □ SENIOR SINGLE* (65+ • \$203)
□ SEN	IIOR FAMILY* (65+ • \$230) □ J	IUNIOR SINGLE* (35 & under • \$176)
	☐ JUNIOR FAMILY* (Both	Spouses Under 35 • \$211)
	☐ First Respon	der or Military
First Responde	rs and Active-Duty Military rec	eive 15% off of above memberships amounts
D	RIVING RANGE & CART OPTION	ONS – CHECK ALL THAT APPLY
☐ FAMILY ANN	UAL CART RENTAL (\$735)	☐ FAMILY MONTHLY CART RENTAL (\$60)
	JAL CART RENTAL (\$540.75)	☐ SINGLE MONTHLY CART RENTAL (\$47.25)
☐ FAMILY ANN	IUAL RANGE PASS (\$367.50)	☐ FAMILY MONTHLY RANGE PASS (\$31.50)
☐ SINGLE ANN	UAL RANGE PASS (\$246.75)	☐ SINGLE MONTHLY RANGE PASS (\$21)
☐ CART SHED F	RENT ANNUAL (\$441)	☐ CART SHED RENT MONTHLY (\$36.75)

PAYMENT OF THE FOLLOWING SHALL ACCOMPANY YOUR APPLICATION:

- Non-Refundable Initiation Fee: \$500
- Either full payment of dues for the next 12 months; or first month's dues and selected plans
- Members are required to provide a credit or debit card on file (WCC does charge a 3% convenience fee); after signing up members will have the option to switch to ACH using their member portal to avoid the 3% charge.

Member Applicants that are accepted into membership at the Wamego Country Club will be liable for all dues payments for a minimum of 12 months from the date of approval by the Wamego Country Club Board of Directors. After 12 months members who choose to terminate their membership are required to submit a letter of resignation to the BOD for approval. Memberships can only be dropped at the end of the calendar year, unless extenuating circumstances are presented to the board of directors.

If you have any questions regarding membership, please contact the club at 785-456-2649.

If my application for membership is approved, I agree to abide by the Bylaws and Rules/Regulations governing the operation of the Wamego Country Club.

Signature of Applicant:	
Date:/	
Signature of Spouse:	
Date: //	

^{*}Membership types require proof of age (copy of driver's license) from applicant and spouse.

CREDIT CARD AUTHORIZATION

Company ID Number 48-0586238

I hereby authorize Wamego Country Club Inc., hereinafter called THE CLUB, to initiate charges to the Credit Card listed below and to debit the full account balance of my Wamego Country Club Account on a monthly basis.

I authorize that all charges to my Wamego Country Club Account are to be billed in full to the Credit Card on file listed below on the first day of every month. These charges to my Wamego Country Club Account include but are not limited to Dues, Rental Fees, Driving Range, Repairs, Food, Beverage, and Pro Shop Purchases.

Card Number	Expiration	
Name on Card		
Security Code		
Billing Address		
This authorization is to remain in full effect until	THE CLUB has received written notification from me of its	
termination in such time and in such manner as	to afford THE CLUB a reasonable opportunity to act on it.	
Member	Spouse	
Print	Print	
Sign	Sign	
Date	Date	

OPTION 1: ACH WITHDRAWAL AUTHORIZATION

Company ID Number 48-0586238

I hereby authorize Wamego Country Club Inc., hereinafter called THE CLUB, to initiate debit entries from my account indicated below at the depository/financial institution named below, hereinafter called DEPOSITORY, and to debit the same from such account. I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.

I authorize the following fees be debited from my account on the first day of every month, if Monthly is selected above; or on the 31st day of January if Annual is selected above, in accordance with the

Club's fee schedule currently in effect, net of any applicable discounts and including sales tax. If Annual is selected, a bank transfer will only be made if THE CLUB has not received payment from me by January 31st.

ACH withdrawal will only be valid for payment of monthly dues and or shed rent. All other charges on account will be billed to member on a monthly basis.

Depository / Financial Institution Name			
City	State	Zip Code	
Type of Account: \Box Checking \Box Savings			
Name on Account			
Bank Routing #			<u></u>
Account #		Est.	1920
This authorization is to remain in full effect un termination in such time and in such manner a to act on it.	ntil THE CLUB has		
Member	Spo	ouse	
Print	Prir	nt	
Sign	Sign	n	
Date	Dat	te	

OPTION 2: CREDIT CARD AUTHORIZATION

Company ID Number 48-0586238

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Card Number	Expiration
Name on Card	
Security Code	
Billing Address	A ZAMEGO
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Member	Spouse
Print	Print
Sign	Sign
Date	Date

Est. 1920