



Play Golf! Nevada

**PERSONAL INFORMATION**

Name, Last                      First                      Middle Initial                      Date of Birth

Name, Last                      First                      Middle Initial                      Date of Birth

Address                                      City                      State                      Zip                      Phone

**UNMARRIED CHILDREN UNDER AGE 25**

Name                                      Date of Birth                      Name                                      Date of Birth

Name                                      Date of Birth                      Name                                      Date of Birth

**EMPLOYMENT INFORMATION**

Employer

Address                                      City                      State                      Zip                      Phone

**MEMBERSHIP CLASSIFICATION**

FAMILY       SINGLE       SENIOR WEEKDAY

SOCIAL       SOCIAL w/GOLF       STUDENT       LEAGUE

DUES PAYMENT:     YEARLY                       SEMI-ANNUALLY                       MONTHLY

STATEMENTS SENT:     USPS       EMAIL

NEWSLETTERS/NOTICES SENT:     USPS       EMAIL

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



**APPLICATION AUTHORIZATION**

I, the undersigned, hereby make application for membership to Indian Creek Country Club.

It is expressly understood that this application is subject to the dues in effect for new members at the time of my admission for membership to ICCC. With membership, I agree to abide by the By Laws and Rules of Conduct of ICCC.

**I agree to belong to ICCC for at least 12 months & to pay dues and minimum rates determined by the Board of Directors.** I understand that I may resign from ICCC on conditions that I have tendered my resignation in writing to the General Manager at least 15 days prior to the first day of the month in which the resignation is to become effective and paid all indebtedness to ICCC.

**Credit Card Information:**

Type of card: \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

I authorize Indian Creek Country Club to charge the above credit card for my club account balance should my account fall sixty days past due.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Applicant Date

Please forward this application to:

Indian Creek Country Club  
63012 260<sup>th</sup> Street  
PO Box 214  
Nevada, Iowa 50201

**FOR OFFICE USE ONLY**

Type of membership applied for: \_\_\_\_\_

Member Number: \_\_\_\_\_ Date Effective: \_\_\_\_\_