

## OTTUMWA COUNTRY CLUB MEMBERSHIP APPLICATION

### MEMBER INFORMATION

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

### INTERESTS

Swimming Yes No    Tennis Yes No    Golf Yes No    Dining Yes No

### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	Email:	Phone:

### SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

### DEPENDENTS LIVING AT HOME UNDER THE AGE OF 23 AND IN SCHOOL

Name:	DOB:	Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:	Name:	DOB:

### CHILDREN OVER THE AGE OF 23 / NOT IN SCHOOL

Name:	Name:
Name:	Name:

### SIGNATURES

I, the undersigned, hereby agree to pay monthly club dues, fees or fiscal assessment for one (1) year upon my acceptance as a member into the Ottumwa Country Club and as prescribed in the by-laws of Ottumwa Country Club.

**Membership Class:**  
Dues plus 7% Sales Tax

Signature of member:	Date:
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