



824 Indian Springs

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2019 GOLF MEMBERSHIP APPLICATION

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____	_____	_____
FIRST NAME (Spouse)	M.I.	LAST NAME
_____	_____	_____
MAILING ADDRESS		DATE OF BIRTH
_____	_____	_____
CITY	STATE	ZIP CODE
_____	_____	_____
HOME PHONE	CELL PHONE	E-MAIL ADDRESS

I HEREBY APPLY FOR A GOLF MEMBERSHIP AT THE INDIAN SPRINGS GOLF & C.C. AND AGREE TO HAVE MY DUES PAID IN FULL AT THE TIME OF APPLICATION. I FURTHER AGREE TO ABIDE BY ALL THE RULES, HOUSE POLICIES AND CODE OF CONDUCT SET BY THE CLUB'S BOARD OF DIRECTORS AND UNDERSTAND THAT THIS MEMBERSHIP CAN BE FORFEITED UPON ANY VIOLATION OF SUCH RULES OR MISCONDUCT PRESENTED. IT IS ALSO UNDERSTOOD THAT THIS MEMBERSHIP IS NON-ASSESSABLE, BUT THE DUES MAY VARY FROM YEAR TO YEAR

APPLICANT'S SIGNATURE _____

COST OF GOLF MEMBERSHIP (SEE MEMBERSHIP RATE SHEET) \$ _____

***PAID LIFETIME VFW POST #1989 AND AUXILARY MEMBERS ARE EXEMPT FROM THE FOLLOWING CHARGE ***

***NUMBER OF MEMBERS (OVER 21 YEARS OF AGE) _____ X \$35 _____

TOTAL MEMBERSHIP PAYMENT TAKEN & VERIFIED BY _____

OFFICE USE ONLY

DATE RECEIVED _____ PAYMENT TYPE _____ EMPLOYEE NAME _____

__ ACCESS __ BOOK __ CARD __ CHIP __ POS __ MAILED __ PRO-SHOP