



824 Indian Springs

Office: 724-465-2121

Road  
Indiana, PA 15701  
Fax: 724-465-4279  
[www.indianspringspa.com](http://www.indianspringspa.com)

Pro Shop 724-465-5131

### 2019 SOCIAL MEMBERSHIP APPLICATION

RENEWAL \_\_\_\_\_ CURRENT MEMBER # \_\_\_\_\_

NEW APPLICANT \_\_\_\_\_ SPONSOR'S NAME & # \_\_\_\_\_

Lifetime Post    Annual Post    Social Member    Armed Forces Social Member

NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

\_\_\_\_\_  
FIRST NAME (Spouse)                      M.I                      LAST NAME

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Sign up for our "e-mail list" to receive club specials and upcoming events on-line

TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

#### **2019 DUES FOR NEW OR CURRENT MEMBERS --- \$35 / MEMBER**

I 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 CANCELLED UPON ANY VIOLATION OF SUCH RULES OR MISCONDUCT PRESENTED AND MEMBERSHIP IS NOT REFUNDABLE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

#### **OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ PAYMENT TYPE \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

\_\_ACCESS    \_\_BOOK    \_\_CARD    \_\_CHIP    \_\_POS    \_\_MAILED    \_\_PRO-SHOP