IDABEL COUNTRY CLUB

MEMBERSHIP FORM

Dear New Member,

We are excited to have you join the ICC family! This membership commitment agreement “Agreement” is entered into between the Idabel Country Club and the undersigned member “Member”. By signing below, the Member agrees to the following terms and conditions:

A. Commitment: The membership begins on the date listed below. Membership billing is on a monthly cycle. Dues are billed on the 1st of each month. Each bill contains the current months dues and any charges accrude for the previous month. Membership fee is due for the month reguardless of usage amount. If the member wishes to cancel membership, they must give WRITTEN notice at least five (5) days prior to the next billing date. Written notice shall be given in a mailed in notice or emailed notice. Mailed notices can be sent to: Idabel Country Club, PO Box 1881 Idabel OK 74745. Emailed notice can be submitted to: theidabelcountryclub@gmail.com. If a membership is cancelled and the member wishes to restart the membership, a reinitiation fee of $300.00 will be charged before reactiviation. A membership can be suspended in the event of injury, long term illness, or military deployment.

B. Membership includes the following: the undersigned, spouse, and children in the household. Children of the member are included in the family membership until one of the following circumstances are reached: they are married, they are no longer full time students, they reach the age of 25.

C. Payment Options: Membership Dues can be scheduled on a Monthly, Quarterly, Biannual, or Annual basis. Food and beverage, pro shop merchandise, or facility rentals are billed and due monthly.

D. Club Rules: Member agrees to comply with all Club rules, policy’s, and bylaws.

E. Acknowledgement: By signing below, Member acknowleges that they have read, understand, and agree to the terms of this agreement.

PERSONAL INFORMATION

Full Name

Street Address

City / Country

Zip Code

Phone Number

E-Mail

Marital status ☐ Married ☐ Single

Spouses Name: _____

Children (names and birthdays):

_____

_____

Billing Preference ☐ Monthly ☐ Quarterly ☐ Bi-Annual ☐ Annual

Payment Method ☐ ACH ☐ Credit/Debit

ACH: Bank Routing #_____ Account # _____

Credit/Debit: Card #_____ Exp Date _____

CVV _____

Member Signature:_____ **Date:**_____