

URBANDALE GOLF & COUNTRY CLUB MEMBERSHIP APPLICATION

*Recipient of the 2010 Iowa Golf Course Superintendent of the Year Award
Given by the Iowa Golf Course Superintendent Association*

Recipient of the 2006 & 2016 9-Hole Golf Course of the Year

Award Given by the Iowa Golf Association

Applicant:				
First Name	Middle	Last	Date of Birth	
Home Address	City	State	Zip	Telephone
Name of Business	Position			
Business Address	City	State	Zip	Telephone
Email Address	Cell Phone Number			

Spouse <input type="checkbox"/> or Significant Other <input type="checkbox"/>				
First Name	Middle	Last	Date of Birth	
Name of Business	Position			
Business Address	City	State	Zip	Telephone

Dependent Children				
Name	Date of Birth	Name	Date of Birth	
Name	Date of Birth	Name	Date of Birth	

Type of Membership Desired					
<input type="checkbox"/> Family	<input type="checkbox"/> Young Professional	<input type="checkbox"/> Cadet	<input type="checkbox"/> Single	<input type="checkbox"/> Social	<input type="checkbox"/> Dining/Networking

I understand that this application is subject to the admission fees in effect at the time of my admission to the Club, and continued and prompt payment of fees that presently are or may in the future be established for my category of membership. I further understand this application is subject to the approval of the Board of Directors. Upon acceptance, I agree to abide by the bylaws and rules of conduct of Urbandale Golf and Country Club. Upon signing I am committing to a minimum term of membership for one (1) full year of dues, fees and Food & Beverage minimums. By signing you agree to this as a legal binding contract.				
Initiation Fee \$ _____				
Payment in the amount of \$ _____ to Urbandale Golf and Country Club is submitted with this application.				
Name of Sponsor			Telephone	
Applicant's Signature			Date	

