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2017 GOLF MEMBERSHIP APPLICATION

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

- Life time Post Member
 Annual Post Member
 Social Member
 Armed Forces Social Member
 Life time Auxiliary
 Annual Auxiliary

<input type="checkbox"/> SINGLE	<input type="checkbox"/> FAMILY ()	SPOUSE / CHILD/ OR GRANDCHILD NAME DOB RELATIONSHIP _____ _____ _____
<input type="checkbox"/> SINGLE UNDER 21	<input type="checkbox"/> OUT OF TOWN	
<input type="checkbox"/> IUP	<input type="checkbox"/> HIGH SCHOOL	
<input type="checkbox"/> LIFETIME POST	<input type="checkbox"/> ANNUAL POST <input type="checkbox"/> 70 + years of age	

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 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 _____

SPOUSE'S SIGNATURE _____
(IF APPLYING)

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

***PAID 2016 VFW POST #1989 / AUX. / AF / AND SOCIAL MEMBERS ARE EXEMPT FROM THE FOLLOWING CHARGE ***

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

TOTAL MEMBERSHIP PAYMENT TAKEN & VERIFIED BY _____
SOCIAL MEMBERSHIP APPLICATION MUST BE COMPLETED ON REAR OF THIS FORM