



# Alton-Wood River Sportsmen's Club

## Associate Membership Application



PLEASE **PRINT** ALL INFORMATION **CLEARLY**

TODAY'S DATE: \_\_\_\_\_

MEMBERS NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (MI) (MM) (DD) (YY)

SPOUSE NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Optional) (Last) (First) (MI) (MM) (DD) (YY)

ADDRESS: \_\_\_\_\_  
(Number & Street/P.O. Box) (City) (State) (Zip)

PHONE: ( ) \_\_\_\_\_ [ ] Cell [ ] Home [ ] Work

EMAIL: \_\_\_\_\_ Employment \_\_\_\_\_

COMMITTEE WORK INTERESTS: [ ] Bingo [ ] Trap [ ] Lake [ ] Grounds [ ] Entertainment  
[ ] Growth [ ] Decorations [ ] Special Events [ ] Other: \_\_\_\_\_ (please specify)

SPONSORING MEMBER: \_\_\_\_\_  
(Please Print Name Legibly) (Signature)

APPLICANT'S SIGNATURE: \_\_\_\_\_

**SPECIAL NOTE: MEMBERSHIP DUES MUST BE SUBMITTED WITH APPLICATION**

BOARD APPROVAL: \_\_\_\_/\_\_\_\_/\_\_\_\_ MEMBER # \_\_\_\_\_ PAID: CHECK # \_\_\_\_\_ [ ] CASH [ ] CC [ ] ACH (voided check required)

### AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

Check: [ ] Associate Dues [ ] Regular Dues [ ] Waterfowl Dues [ ] Trailer Pad Fees [ ] Pleasant Hill Use

I hereby authorize the Alton Wood River Sportsmen's Club, Inc., hereinafter called **AWRSC**, to initiate debit entries to my (our) [ ] **Checking Account** or [ ] **Savings Account** (check one) at the depository financial institution indicated below, hereafter called **DEPOSITORY**, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law.

**Routing** **Account**  
**Number** \_\_\_\_\_ **Number** \_\_\_\_\_  
(9 digits)

This authorization is to remain in full force and effect until the **AWRSC** has received written notification from me (or either of us) of its termination in such time as in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please Print)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature(s) \_\_\_\_\_

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN AUTHORIZATION.

Please attach a **VOIDED** check or deposit slip with the following information on it:  
Name, Routing Number, & Account Number