



Alton-Wood River Sportsmen's Club

Associate Membership Application



PLEASE **PRINT** ALL INFORMATION

NAME: _____
(Last) (First) (MI)

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

PHONE: () _____ -- _____ [] Cell [] Home [] Work

EMAIL: _____ BIRTHDATE: ____/____/____
(MM) (DD) (YY)

WORK CATEGORY / RETIRED: _____

COMMITTEE WORK INTERESTS (check all that apply): [] Bingo [] Trap [] Lake [] Grounds
[] Entertainment [] Growth [] Decorations [] Special Events [] Other: _____

SPONSORING MEMBER: _____

APPLICANT'S SIGNATURE: _____

SPECIAL NOTE: DUES MUST BE SUBMITTED WITH APPLICATION
-OR- ACH AUTHORIZATION MAY BE SUBMITTED (SEE BELOW)

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

Check 1 or 2: [] Associate Dues [] Regular Dues [] Waterfowl Dues [] Trailer Pad Fees

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