

Associate Member Application PLEASE <u>**PRINT**</u> ALL INFORMATION

Name:,,		,
Name:,,,	(First Name)	(MI)
Address:, (Street Number & Name/ P.O. Box) Email:	(City) Date of Birth:	,,, (Zip Code) _//
Industry of Work / Retired:		
Committee Work Interests (Please check all that apply.): □ Bingo □ Trap Shooting □ Lake		
\Box Grounds \Box Entertainment \Box Club Growth \Box Decorations \Box Special Events		
□ Other:		
Sponsoring Members Name:		
Applicant's Signature:		
DUES MUST BE SUBMITTED WITH APPLICATION VIA CHECK OR ACH AUTHORIZATION FORM BELOW.		
Authorization Agreement for Direct Debit (ACH Debits)		
I hereby authorize the Alton Wood River Sportsmen's Club, Inc. hereinafter AWRSC, to initiate		
debits to my (our) \Box Checking Account or \Box Savings Account (Check only one) at the named depository financial institution indicated below, hereinafter called Depository and to debit the same amount from such account each month for said Dues. I acknowledge that the origination of ACH transactions to my (our) account must comply with the previsions of U.S. and Illinois State Law.		
Name of Financial Institution:		
Routing Number: Ac	count Number:	
This authorization is to remain in full effect until the AWRSC has received a written notification from the account holder(s) of its termination in such time as to allow the AWRSC and the Depository a reasonable opportunity to terminate the ACH Debits.		
Name(s)	Phone # ()	<u>-</u>
Name(s)Signature(s):	Date:	//
NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGANIZATION IN THE MANNER SPECIFIED IN THE AUTHORIZATION.		
Please attach a VOIDED Check or Deposit Slip with the following information: Name, Routing Number, Account Number and Address.		