

## 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 <b>VOIDED</b> Check or Deposit Slip with the following information: Name, Routing Number, Account Number and Address.		