



603 Highway 22 West PO Box 491
 Clear Lake, SD 57226
 Club House Phone: 605 874-2641

Website: www.golf.gotoclearlake.com
 Email Address: Clgolf@itctel.com

Annual Memberships (7.2% Tax Included)	
Family	<input type="radio"/> \$560.00
Single	<input type="radio"/> \$415.00
Joint Membership <small>**League Play Prohibited</small>	<input type="radio"/> \$215.00
College	<input type="radio"/> \$190.00
High School	<input type="radio"/> \$55.00

Annual Shed Rent (6.2% Tax Included)	
Gas Cart	<input type="radio"/> \$175.00
Electric Cart	<input type="radio"/> \$175.00

Miscellaneous Charges (6.2% Tax Included)	
Annual Trail Fee (per cart)	<input type="radio"/> \$95.00
<input type="radio"/> Men's League (2:30 PM)	<input type="radio"/> \$22.00
<input type="radio"/> Men's League (3:30 PM)	<input type="radio"/> \$22.00
<input type="radio"/> Men's League (5:00 PM)	<input type="radio"/> \$22.00
SDGA Member/Handicap Card	<input type="radio"/> \$27.00
Jr. SDGA Member/Handicap Card	<input type="radio"/> \$8.00

TOTAL DUE	
Date Paid / ACH Enrollment	

Adult Member Name:		
Email Address:		
Cell Phone:		
Add'l Family Members—		
Member Signature:		

Street Address:		
Mailing Address:		
City	State	Zip Code

Member Number & Shed Information	
Member Number:	Cart Shed Number/Location:

Payment Authorization



Consumer Authorization For Direct Payment Via ACH (ACH DEBITS)

I (WE) AUTHORIZE Clear Lake Golf Club ("Company") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

_____ Checking Account or _____ Savings Account (check one)

at the depository financial institution named below ("Bank Name").

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name ("Depository")	
Routing Number	
Account Number	

Amount of debit(s) or method of determining amount of debit(s), or a range of acceptable dollar amounts authorized:
Debits will occur on or about the 5th of each month.

The amount for the five months must total the amount calculated on the Rates Page.

May \$	June \$	July \$
August \$	Sept \$	Total \$

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing or by telephone that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 5 days prior notice in order to cancel this authorization.

Name(s):

Signature:

Date:

Signature:

Date:

Credit Card Information:

Card Type:	<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover	Expiration Date:
Card Number:		Security Code:
Authorization Signature:		Date: