**IREM COUNTRY CLUB**

**IREM GOLF ASSOCIATION**

**70 RIDGWAY DRIVE, DALLAS, PA 18612**

**PRO SHOP**: 570-675-4653 **OFFICE**: 570-675-4465 EXT. 241 **FAX**: 570-675-0793 www.iremgolf.com

**2022 IREM SHRINER GOLF MEMBERSHIP APPLICATION**

*I hereby make application for membership in the Irem Golf Association, and agree, in signing this application, to conform*

*To the; constitution, by-laws, articles of incorporation, and all rules and regulations of Irem Golf Association, and Irem Shrine*.

**NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MEMBER #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ZIP**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ **E-MAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR FAMILY MEMBERS, COMPLETE THE FOLLOWING INFORMATION:***

**SPOUSE’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

***CHILDREN UNDER AGE 18, OR FULL TIME STUDENT UNDER THE AGE OF 23.***

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 **ANNUAL COST BY CATEGORY**

|  |
| --- |
| SINGLE – AGE 24 AND UNDER $1,600 |
| SINGLE – AGE 25 – 34 $1,800 |
| SINGLE – AGE 35 – 69 $2,400 |
| SINGLE – AGE 70 – 79 $2,000 |
| SINGLE – AGE 80 AND OVER $1,000 |
| FAMILY – 69 AND UNDER $2,800 |
| FAMILY – AGE 70 AND OVER $2,400 |
| SPOUSE $1,600 |
| DISTANT NOBLE $1,600 |

**I UNDERSTAND THAT I AM FULLY RESPONSIBLE TO PAY IN FULL, THE CURRENT FEE UNDER THE TERMS AND CONDITIONS**

**AS ESTABLISHED BY THE IREM SHRINE DIVAN, FOR THE ABOVE MEMBERSHIP. INFORMATION ON PAYMENT OPTIONS CAN BE OBTAINED BY CALLING THE BUSINESS OFFICE AT 570-675-4465 EXT. 241. A 3% PROCESSING FEE WILL BE ADDED TO DUES PAID BY CREDIT CARD.**

**APPLICANTS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**