

# RESPONSIBILITY OF SPONSOR TO THE CLUB

How well do you know the proposed? \_\_\_\_\_  
\_\_\_\_\_

What social contact have you had with the proposed? \_\_\_\_\_  
\_\_\_\_\_

What are your business relationships with the proposed? \_\_\_\_\_  
\_\_\_\_\_

Would you vote in favor of the proposed were you at the present time acting in behalf of the Club and serving on its Board? \_\_\_\_\_

Do you know of any personal habit which would give rise to reasonable criticism or any objectives to other members of the Club? \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Sponsor

I second this proposal \_\_\_\_\_

Comment \_\_\_\_\_

## MEMBERSHIP COMMITTEE

## BOARD OF DIRECTORS

Recommended \_\_\_\_\_

Elected \_\_\_\_\_

Deferred \_\_\_\_\_

Deferred \_\_\_\_\_

Rejected \_\_\_\_\_

Rejected \_\_\_\_\_

Sponsor notified \_\_\_\_\_



*The  
Outing Club*



*Application for  
Membership*

# EXCERPTS FROM BY-LAWS

“Social Resident members shall be all those residing in Scott County, Iowa, or Rock Island County, Illinois, herein sometimes referred to as the ‘Social Resident Area’ and shall pay a membership fee as established by the Board of Directors upon election to membership, and annual dues as established by the Board of Directors, due and payable in advance on July 1<sup>st</sup> of each year; providing, however, that each member may pay said dues in four equal quarterly installments on the 1<sup>st</sup> day of July, October, January and April of each year or two equal semi-annual installments on the 1<sup>st</sup> day of July and January of each year.” There is an additional fee that equals \$100 plus tax per year if paying quarterly or semi-annually.

“Suburban Non-resident members shall be classified as all those members who reside permanently outside of Scott County, Iowa, or Rock Island, Illinois, and such members shall pay a membership fee as established by the Board of Directors upon election to membership, and annual dues as established by the Board of Directors, Payable in advance on July 1<sup>st</sup> of each year.”

“Failure of any member to pay his or her dues, membership fees, accounts or other form of indebtedness owing to the Outing Club, within 90 days after they become due, shall cause such member to stand suspended from membership, upon appropriate action by the Board of Directors. If said debt remains unpaid at the end of 30 days after the member has been suspended his membership shall be terminated upon appropriate action by the Board of Directors.”

I hereby understand by signing this document and upon approval of membership, I will adhere to the by-laws of the Outing Club as stipulated pertaining to membership. I will be responsible for all attorney fees if a suit is filed.

## CLASSES OF MEMBERSHIP

A) Social/Resident membership All privileges of the club and resides in Scott or Rock Island County	\$2,754.18
B) Suburban/Non-Resident membership All privileges of the club and resides outside Scott or Rock Island County	\$2,270.54
C) Junior membership Annual membership dues are determined by your age as of July 1 <sup>st</sup> Age 26 – 35	\$1,994.48
Initiation fee (Due with Application) <b>Half off Initiation Fee December 1<sup>st</sup> – April 30<sup>th</sup> 2019</b>	\$1,605.00 <b>\$802.50</b>

All membership dues and fees are subject to Iowa State Sales Tax and are included in above pricing.

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ E-mail \_\_\_\_\_

I hereby apply for \_\_\_\_\_ membership in The Outing Club.

Date of birth \_\_\_\_\_ Social Security No.(required): \_\_\_\_\_

Residence: Address \_\_\_\_\_ Tel. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouses name \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Please include Adult and Dependent Children

Name \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business/Employer, Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

(Street) (City) (St) (Zip)

Kind of Business, Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Position occupied, Applicant: \_\_\_\_\_ Spouse \_\_\_\_\_

Relatives who are or have been members \_\_\_\_\_

Credit Card (required): # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Circle one: Disc. Visa MC

Name as it appears on card: \_\_\_\_\_

Financial reference: \_\_\_\_\_

What Social Clubs are you presently a member? \_\_\_\_\_

Acquainted with the following members of The Outing Club: \_\_\_\_\_

\_\_\_\_\_

Name four of your associates, whether they are members of this Club or not:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Has applicant requested membership previously? \_\_\_\_\_ If so, what year? \_\_\_\_\_

Signature \_\_\_\_\_

*Please be sure to complete all fields of Member Application  
Please send a digital picture to info@theoutingclub.com*