

Updated July 1, 2023



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
Men's League	<input type="radio"/> \$22.00
SDGA Member/Handicap Card	<input type="radio"/> \$27.00
Jr. SDGA Member/Handicap Card	<input type="radio"/> \$8.00

<b>TOTAL DUE</b>	
<b>Date Paid / ACH Enrollment</b>	

<b>Adult Member Name:</b>	
<b>Email Address:</b>	
<b>Cell Phone:</b>	
<b>Add'l Family Members—</b> <small>18 Years of Age And Under: Children who do not have a drivers license are not permitted to operate a golf card without an adult</small>	
<b>Member Signature:</b>	

<b>Street Address:</b>		
<b>Mailing Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

Member Number & Shed Information	
<b>Member Number:</b>	<b>Cart Shed Number/Location:</b>

# 2023 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.

<b>Bank Name ("Depository")</b>	
<b>Routing Number</b>	
<b>Account Number</b>	

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 2023 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:

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