MEMBER INFORMATION

If you would like to become a member of the Golden Gander Club, please give us the following information. Thank you.

Name: _____

Address: _____

Phone: _____

Email: _____

Donation method preference, circle one: ☐ **CHECK** ☐ **ELECTRONIC TRANSFER**

If you select Electronic transfer, we will need that authorization form.

AUTHORIZATION FOR DIRECT PAYMENT

I request the Golden Gander Club to initiate a direct payment / transfer from my bank account for payment of my donations and/or membership dues to the Golden Gander Club on the dates and in the amounts I have selected below. Please check all that apply.

Bank Name _____
City _____ State _____ Zip Code _____
Bank ABA Number _____ Account Number _____
Checking ☐ Savings ☐

____ Quarterly donation of $100.00 the first of March
____ Quarterly donation of $100.00 the first of June
____ Quarterly donation of $100.00 the first of September
____ Quarterly donation of $100.00 the first of December
____ Annual dues of $10 the first of _____
____ Annual payment of $410.00 the first of _____

This authorization is to remain in full force and effect until the Golden Gander Club has been notified by me of its termination in such time and in such manner as to allow the Golden Gander Club a reasonable opportunity to act on it. These direct payments / transfers will begin after the date this form is signed.

Signed _____ Date _____

Email address _____ Phone _____

Golden Gander | 713 North B Street | Oskaloosa, IA 52577
Bill Ludwick Cell: 641-660-3442