

# Springville Country Club, Inc. Application for Membership



## Personal Information

Name

Address		City	State	Zip
Phone Number	Date of Birth	Email Address		

Employer Name

Address		City	State	Zip
Phone Number	Position Held	Spouse (if applicable)		

## Referral Information

How did you hear about Springville Country Club?

Other Club Memberships? Year Joined?

Member Sponsor name and contact number:

## Membership Type

Type of Membership Requested (includes tax):	Age 40+	Age 35-39	Age 23-34	Age <23	Dependent Child Grandchild	Corporate 50 Rounds	Corporate 75 Rounds	Non Resident	Social	
Single	\$3707.07	\$3043.96	\$2224.24	\$1482.83	\$413.25	\$4000	\$5000	\$1872.67	\$108.75	
Couple	\$4925.07	\$4261.96	\$3363.94	\$2700.83	\$413.25	\$4000	\$5000	\$2566.50	\$108.75	

## Additional Items

Add Items Requested	Locker	Club Storage	Cart Storage	Range Single	Range Family	Electric Cart Single 9-hole	Electric Cart Single 18-hole	Electric Cart Couple 9-hole	Electric Cart Couple 18-hole
Cost (plus tax)	\$60	\$75	\$75	\$120	\$175	\$560	\$950	\$825	\$1400

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## Credit Card Information

Credit Card Type	
Credit Card Name	
Credit Card Number	
Date of Expiration	Security Code

## Corporate and Family Membership Additional Information

Name	Title	Individual Phone	Date of Birth (Family)

## Applicant's Statement & Signature Disclaimer

**This application is not complete until it is fully completed, signed, and all statements below have been read and initialed.**

Initial: \_\_\_\_\_ I certify that all information furnished on this application is true and complete and correct to the best of my knowledge.

Initial: \_\_\_\_\_ I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. I hereby release all such employers, firms and persons from any liability or damage whatsoever resulting from their providing such information to SCC.

Initial: \_\_\_\_\_ I recognize that this membership application is subject to Board of Director Approval and I will be notified of the decision. I agree to and understand that once paid, membership dues are non-refundable for any reason, in whole or in part.

Initial: \_\_\_\_\_ I agree to pay Springville Country Club Inc. all applicable required fees for the membership and any additional items added for which I am applying and agree to pay all applicable dues assessments and charges incurred by me, family members or my guests for as long as I am a member of the club including any late fees for late payments.

Initial: \_\_\_\_\_ I have read and agree to be bound by Springville Country Club Dress Code, General Conduct and all other By Laws, Rules and Policies approved by the Board of Directors in the present form or as may be amended. I fully understand the violation of any of these rules and policies by myself or any of my guest(s) may result in loss of membership privileges.

Initial: \_\_\_\_\_ I authorize Springville Country Club Inc. to charge the credit card indicated above. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the business of any changes in my account information or termination of this authorization prior to the next billing date. If the above payment date falls on a weekend or holiday, I understand the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company provided the transactions correspond to the terms indicated on this form.

My signature below certifies that I agree by the terms and conditions above, and that any topics of concern have been addressed herein by me and Springville Country Club.

Name (Please Print)	Signature
Date	

