



Susquehanna Valley

C O U N T R Y C L U B



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Post Office Box 144 • Hummels Wharf, PA 17831-0144
(570) 743-1714 • E-Mail: svccoffice@evenlink.com
www.svccgolf.com

APPLICATION FOR MEMBERSHIP

Susquehanna Valley Country Club • Post Office Box 144 • Hummels Wharf, PA 17831-0144 • (570) 743-1714

Applicant's Full Name _____ Birth Date _____

Spouse's Full Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail _____

Applicant's Employment Information

Name of Business _____ Position _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Spouse's Employment Information

Name of Business _____ Position _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Mailing Address (check one): Residence Applicant's Business Spouse's Business

Credit Reference: Bank (Name & Branch)/Credit Card (Type & Card Number) _____

Additional Club Affiliations _____

Three Member Sponsors _____

Friends/Business Associates Interested in Joining the Club _____

MEMBERSHIP CATEGORIES

- Associate, Social
- Associate, Single Golfer
- Single, Social
- Single, Golfer
- Married, Social
- Married, One Golfer
- Married, Two Golfers
- Introductory Membership

Family Members

If applicable, please indicate family members who are to have Club privileges (must be enrolled as a full-time student).

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

1. Application and Acceptance of Rules

We/I hereby apply for a _____ membership at Susquehanna Valley Country Club. If accepted, we/I agree to comply with and be bound by the Club's Rules and Regulations, however titled, as they now exist or may from time to time hereafter be amended, modified, or supplemented. We/I understand that if this application is not accepted by the Club, all funds paid will be promptly refunded and this application shall be canceled and shall not be binding on either party.

2. Deposits

(A) General

Depending on the type of membership applied for and the method by which this membership is being made available, we/I agree to pay the Club either the applicable Membership Initiation Fee or the Waiting List Initiation Fee. In the case of a waiting list, we/I understand that the Membership Initiation Fee that we/I will pay at the time of membership approval will be _____ the Membership Initiation Fee in effect at that time.

(B) Non-Refundable Application Fee

We/I submit with this application the sum of \$ _____, which is intended to be a non-refundable application fee.

3. Resignation

We/I understand that we/I may resign from the Club by giving 30 days advance written notice to the Club and by paying any outstanding dues or other charges. We/I further understand and agree that we/I may not credit any outstanding dues or charges against our/my Membership Initiation Fee.

4. Credit Card on File

The Club, at its discretion, may require to keep an active major credit card and billing information on file together with an authorization for the Club to bill any dues and charges which are more than 60 days delinquent to such credit card.

We/I have received, read, and understand the terms and conditions contained in this membership application and agree to be bound by these terms and conditions.

Applicant Signature _____

Date _____

Board Representative _____

Date _____

For Official Use Only

Date Received	Approval Date	Membership Number	Card Issue	Fee Paid	Dues Begin
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