

APPLICATION FOR MEMBERSHIP



**Susquehanna Valley**  
C O U N T R Y C L U B

# APPLICATION FOR MEMBERSHIP

Susquehanna Valley Country Club • One Country Club Road • Post Office Box 144 • Hummels Wharf, PA 17831-0144  
(570) 743-1714 • Fax: (570) 743-2095 • E-Mail: svccooffice@evenlink.com

**Applicant's Full Name** \_\_\_\_\_ Birth Date \_\_\_\_\_

Applicant's E-Mail \_\_\_\_\_

**Spouse's Full Name** \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's E-Mail \_\_\_\_\_

Address \_\_\_\_\_

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

## 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 Reference: Credit Card (Type & Card Number) \_\_\_\_\_

Additional Club Affiliations \_\_\_\_\_

\_\_\_\_\_

Three Member Sponsors \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## MEMBERSHIP CATEGORIES

- |   |   |
|---|---|
| <input type="radio"/> Golf Family Membership        | <input type="radio"/> Junior Family Social Membership |
| <input type="radio"/> Golf Single Membership        | <input type="radio"/> Junior Single Social Membership |
| <input type="radio"/> Social Family Membership      | <input type="radio"/> Business Membership             |
| <input type="radio"/> Social Single Membership      | <input type="radio"/> Pool Membership                 |
| <input type="radio"/> Junior Family Golf Membership | <input type="radio"/> Student Membership              |
| <input type="radio"/> Junior Single Golf Membership | <input type="radio"/> Miscellaneous                   |

Friends/Business Associates Interested in Joining the Club \_\_\_\_\_

**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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