

Chambersburg Country Club

P O Box 159, Scotland PA 17254

- NOMINATION FOR MEMBERSHIP -

I, _____, hereby request a _____
Please Clearly Print Name

Membership in the Chambersburg Country Club. Upon acceptance of my nomination, I agree:

1. To pay an Initiation Fee of \$ _____.*
2. To pay annual dues, any assessments, and any other charges in amounts fixed by the Board of Governors. I understand the preferred method of payment is via an automatic draft payment plan. I understand the membership billing year is from January 1st through December 31st and that I am obligated for annual membership dues each year I am in active membership status on January 1st after my initial membership period has expired.
3. I understand that my initial membership obligation is for a period of 12 consecutive months. I may resign my membership in the 12th month (in accordance with established procedures) and will owe no further financial obligation to the Chambersburg Country Club. If I choose to continue my membership beyond the last day of the 12th month of membership, I then become financially obligated for the membership dues for the remainder of that calendar year.
4. To abide by the By-Laws of the Club and such rules and regulations as may be prescribed by the Board of Governors and the Club Committees.
5. To pay finance charges of 1.5% (18% annual rate) and service charges, including, but not limited to, a \$20.00 late fee on any unpaid prior month balance at the end of each month.

If my nomination is approved, I/we agree to pay the entire initiation fee and/or any assessment regardless of how long I remain a member of the Chambersburg Country Club. If I default in payment of any obligation I may owe to the Chambersburg Country, I/we agree to pay all costs of collection, including reasonable attorney fees. If married, we agree this is our joint obligation.

Today's Date: _____

Member Printed Name: _____

Signature: _____

Spouse Printed Name: _____

Signature: _____



Member Name: _____ Class: _____ Number: _____

Home Address: _____
Street City State Zip

Home Telephone: () _____ Business Telephone: () _____

Birth date of member: _____ E-mail Address: _____

Name of Employer: _____

Business Address: _____
Street City State Zip

Job Title/Occupation: _____

Single Married Anniversary Date: mm/dd/yyyy _____

Name of Spouse: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Sponsor name: _____ Sponsor name: _____

Notes: _____

20 % Initiation Fee \$ _____
Full Initiation Fee \$ _____
Other payment \$ _____
Total \$ _____

I would like to pay my annual dues charge:
 Monthly
 Quarterly
 Semi-annually (Dec 31 & June 30)
 Annually (Dec 31)

Please use my Home address Business address for mailing my statements.

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Office use only

Interviewed by _____ Date _____

Posted date _____ Approval date _____

Paid date _____ Amt \$ _____ Ck # _____