

Chambersburg Country Club

P O Box 159, Scotland PA 17254

Date: _____

Class: _____

Number: _____

- 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 annual fees 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 any fees are subject to change.
2. 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 and as set forth in the member handbook. I understand rules, regulations, policies, and procedures are subject to change from time to time. These changes may be communicated via email, newsletters, or the club website and that it is my responsibility to keep abreast of such changes.
3. 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 not paid by the due date. I understand I have the privilege of charging expenses to my membership account and agree to pay those charges when a statement is issued either by mail to my address of record or made available via the internet after the close of each month and the balance shown on such statement is due and payable by the 15th of the month in which the statement is sent.

I further understand:

4. That my membership obligation is through June 30, 2019. I may resign my membership at that time with written notification to the Board of Governors by June 1st and will owe no further financial obligation to the Chambersburg Country Club after June 30th. I understand all club privileges cease on this date. Membership resignation requests will not be granted during the above term without Board approval for qualifying events.
5. If I do not notify the Board of Governors of my resignation, then I choose to continue my membership and I become financially obligated for the annual membership fees for the next membership billing year. I understand the membership billing year is from July 1st of one year through June 30th of the following year and that I am obligated for annual membership fees each year I am in active membership status on July 1st after my initial membership period has expired.

If my nomination is approved and if married, we agree any and all charges are our joint obligation. If I/we default in payment of any obligation, I/we may owe to the Chambersburg Country Club, I/we agree to pay all costs of collection, including reasonable attorney fees.

Applicant Printed Name: _____

Signature: _____

Spouse Printed Name: _____

Signature: _____

Home Address: _____
Street City State Zip

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

Name of Employer: _____

Business Address: _____
Street City State Zip

Job Title/Occupation: _____

E-mail Address (1): _____

E-mail Address (2) : _____

All club correspondence is done via email (Newsletters, Weekly Updates, Tee Time, & Monthly Invoices)

Please use my Home address Business address for mailing statements

Single Married Anniversary Date: (mm/dd/yy) _____

Birth date of member: _____

Name of Spouse: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Sponsor name: _____ Sponsor name: _____

I would like the following services: (some items will have state sales tax added to the amount shown)

Dues Member Range Fee: ___ Individual (\$175) ___ Family (\$300)

___ Dues Member Club Storage Fee (\$150) ___ Dues Member Pull Cart Storage Fee (\$150)

___ Dues Member Electric Cart Storage Fee (\$200) ___ Dues Member Full/Half Locker (\$80/Free)

Social Member Range Fee: ___ Individual (\$200) ___ Family (\$350)

___ Social Member Club Storage Fee (\$200) ___ Social Member Pull Cart Storage Fee (\$200)

___ Social Member Electric Cart Storage Fee (\$250) ___ Social Member Full/Half Locker (\$100/50)

___ Bag Tag (\$10 Per Tag) ___ USGA Golf Handicap (\$25 Per Person)

Dues \$ _____
Lockers/Storage/Tags \$ _____
Range Fee/Handicap \$ _____
Initiation Fees \$ _____
Total \$ _____

I would like to pay my annual dues charges:
 Monthly
 Quarterly
 Semi-annually (June 30th & Dec 31st)
 Annually (June 30th for the following year)

Office use only

Interviewed by _____ Date _____

Posted date _____ Approval date _____

Fees paid date _____ Amt: _____ Ck # _____ Cash _____ Credit card _____