## **Sullivan Country Club Membership Form**

## **Membership information**

	Name :				DOB:	
	Spouse Name:			<b>-</b> -	DOB:	
	Address:			_		
	City:		State:	_	Zip:	
	Telephone:	(Home):		(Work):		
	Occupation:			Employe	er:	
	Email Address:					
	Aternate Email:					
	Names of children under 23 living at home: (dependent children who have reached the					
	age of 23 on or before November 1 of this year are not included on the parent(s) membership.)					
	Name:		Name:			
	Name:		Name:			
	Sponsor Name:					
	Pre	ferred method of o	contact: (CIRC	CLE ONE)		
	PHONE	TEXT	EM	AIL	MAIL	
_	Payment Options (Check desired payment option)					
╛	A: Monthly bank draft (Drafted on the 5th of each month, January - October)					
╣	B: Lump sum bank draft (Due on or before 03/01/21)					
_	C: Lump sum check or cash payment (Due on or before 03/01/21)					
	Demiliard info for O					
	Required info for O			/IIDay Di	! / 10\	
	Monthly amou			_("Box D'	/ 10)	
	Routing numb			_		
	Account Numb	oer>		_		
	Required info for O	ntion B above:				
	•	aft>				
				_		
		oer>		_		
	Account Numb	oer>		_		
	Make checks payable	to "SCC" or "Sulliva	n Country Clu	b"		
	Mail check and forms		-			

## **Cost Information**

2 year contract required for rate discounts of 50% and 75% highlighted in yellow.

SCC members the prior year are not eligible for discounted rates.

Membership Type	2021 <sup>1</sup>	2022 <sup>1</sup>	Full Rate
A: Full Family Over 35	\$700	\$1,050	\$1,400
B: Full Family 30-35	\$563	\$844	\$1,125
C: Individual Over 35	\$563	\$844	\$1,125
D: Individual 30-35	\$388	\$581	\$775
E: Junior (29 and Under) 3 4	\$250	\$375	\$500
F: Out of County 3 4	\$225	\$338	\$450
G: Pool + Walking <sup>2 3</sup>	\$183	\$274	\$365
H: Pool only <sup>3</sup>	\$113	\$169	\$225
J: Social only <sup>3</sup>	\$100	\$150	\$200
K: Out of Radius ( > 60 miles ) 3 4	-	-	\$200
L: Student Golf 4 (includes pool)	-	-	\$160
M: Student Pool <sup>4</sup>	-	-	\$100
Box A>			

	Mandatory Add On Items	Annual Cost
	Capital Improvement (Excludes J-M)	\$25
•	Box B>	

Voluntary Add On Items	Annual Cost
Handicap Fee <sup>5</sup> (\$35 per HDCP)	x \$35
Cart Shed	\$250
Trail Fees	\$250
Cart Lease	\$500
Box C>	

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Note: See sheet 2 for additional information

## **Sullivan Country Club Membership Form**

	Key			
1	All new members are not eligible for asses	ssment during the two year d	iscount period.	
2	Review member handbook for acceptable	walking hours.		
3	Family or Single membership			
4	Not eligible for assessment			
5 Handicaps are required for participation in most club events. Write names below.				
	1)		4)	
	2)		5)	_
	3)		6)	_
6	Amount of overdue AP from prior years.			
7	Advanced payment of assessments can be	e included. Excess		
	amount will be credited to your account the	he following year.		
8	Includes but not limited to credits for sign	ing up a new		
	member the previous year (10% per mem	bership recruited)		
			<u> </u>	
		Sullivan Country Clu	h. Inc. Membership Agreement	
		Sullivan Country Clu	b, Inc. Membership Agreement	
1. T	This is a continuing membership. I understand th	•	- G	
	This is a continuing membership. I understand th	nat this membership will remain	- G	
2. It	This is a continuing membership. I understand that is my complete understanding that if I wish to o	nat this membership will remain cancel or change my membership	in effect until notice of cancellation is given.	
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