

Sullivan Country Club Membership Form

Membership Information

Name : _____ DOB: _____
 Spouse Name: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (Home): _____ (Work): _____
 Occupation: _____ Employer: _____
 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: _____

Preferred method of contact: (CIRCLE ONE)

PHONE TEXT EMAIL 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 03/01/22)
- C: Lump sum check or cash payment (Due on or before 03/01/22)

Required info for Option A above:

Monthly amount ----> _____ ("**Box D**" / 10)
 Routing number ----> _____
 Account Number ----> _____

Required info for Option B above:

Date of bank draft ----> _____
 Routing number ----> _____
 Account Number ----> _____

Make checks payable to "SCC" or "Sullivan Country Club"
Mail check and forms to: Sullivan Country Club, P.O. Box 433, Sullivan IL 61951

Cost Information

New members are eligible for discounted membership rates of 50% off and 25% off.
 2 year contract required, only applicable to membership types highlighted in yellow.
 SCC members the prior year are not eligible for discounted rates.

	Membership Type	2022 ¹	CI Fee
<input type="checkbox"/>	A: Full Family Over 35	\$1,400	\$100
<input type="checkbox"/>	B: Full Family 30-35	\$1,125	\$100
<input type="checkbox"/>	C: Individual Over 35	\$1,125	\$100
<input type="checkbox"/>	D: Individual 30-35	\$775	\$75
<input type="checkbox"/>	E: Junior (29 and Under) ^{3 4}	\$500	\$50
<input type="checkbox"/>	F: Out of County ^{3 4}	\$450	\$50
<input type="checkbox"/>	G: Pool + Walking ^{2 3}	\$365	\$25
<input type="checkbox"/>	H: Pool only ³	\$225	\$25
<input type="checkbox"/>	J: Social only ³	\$200	\$0
<input type="checkbox"/>	K: Out of Radius (> 60 miles) ^{3 4}	\$200	\$0
<input type="checkbox"/>	L: Student Golf ⁴ (includes pool)	\$160	\$0
<input type="checkbox"/>	M: Student Pool ⁴	\$100	\$0

(Dues + CI Fee) **Box A** ---->

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Voluntary Add On Items	Annual Cost
<input type="checkbox"/> Handicap Fee ⁵ (\$35 per HDCP)	_____ x \$35
<input type="checkbox"/> Cart Shed	\$250
<input type="checkbox"/> Trail Fees	\$250
<input type="checkbox"/> Cart Lease	\$500

Box C ---->

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Total from Box A above	\$
Total from Box B above	\$
Total from Box C above	\$
Overdue AP ⁶	\$
Prepayments ⁷	\$
Account Credits ⁸	\$
Box D ----> TOTAL DUE:	\$

Note: See sheet 2 for additional information

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Key

¹ All new members are not eligible for assessment during the two year discount 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 included. Excess amount will be credited to your account the following year.

⁸ Includes but not limited to credits for signing up a new member the previous year (10% per membership recruited)

Sullivan Country Club, Inc. Membership Agreement

1. This is a continuing membership. I understand that this membership will remain in effect until notice of cancellation is given.

2. It is my complete understanding that if I wish to cancel or change my membership in any way, I must give the Club a written notice prior to the Membership Renewal Date of Oct 31st. It will be my responsibility to notify the Club of any changes to my account. (i.e. new account #'s).

3. The B.O.D. may, at their discretion, adjust the monthly rate applicable to my category of membership at the Membership Renewal date. I understand that I will receive at least 60 days notice prior to any such change.

4. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a service charge of \$15 applied by SCC. This is in addition to any service fee my bank may charge. The rejected membership payment and service charge will be automatically resubmitted to your bank. If there is a second rejection, you will be required to pay the membership payment and fees with an alternate form of payment.

I hereby agree to enter into a 2 year membership contract with the Sullivan Country Club, Inc.

If A or B was selected above: I hereby authorize the Sullivan Country Club, Inc. to draft the account indicated on the date indicated on a monthly basis until the end of the membership term (see #2 above).

Applicant Signature _____

Date _____

Staff Signature _____

Date _____

Membership Number _____ (To be filled in by a member of the Board of Directors)