

SOUTH BEND COUNTRY CLUB POOL MEMBERSHIP APPLICATION

MEMBER INFORMATION

Full Name _____ Birthdate _____

Primary Residence _____ City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Preferred Email _____

Employer _____ Position Held _____

Hire date MM/YYYY _____ Employer Phone _____

SPOUSE/PARTNER

Full Name _____ Birthdate _____

Cell Phone _____ Alternate Phone _____

Preferred Email _____

SECONDARY GUARDIAN

This section is for families who may have another person bringing children to the pool (i.e. grandparents, babysitters, or other family members)

Full Name _____ Cell Phone _____

Relationship to Primary Member _____

DEPENDENT INFORMATION

Full Name _____ Birthdate _____

Full Name _____ Birthdate _____

Full Name _____ Birthdate _____

GENERAL POOL INFORMATION

- *Open Memorial Day - August 25, 2024*
- *\$750 Full Season Dues*
- *\$300 Food & Beverage Minimum*
- *Additional \$5 per guest each day*

PAYMENT INFORMATION

ACH PAYMENTS

Account Number _____

Routing Number _____

Credit Card Payment (**Additional 3% Fee**)

Visa

MasterCard

American Express

Discover Card

Number _____

Exp. Date _____ CVV _____

Billing Address _____

City _____ State _____ Zip _____

Driver License # _____ Issuing State _____

Check One: ACH Payment Credit Card Payment

SIGNATURES

By signing, I verify the above information is accurate and agree to all terms in this contract.

Applicant Signature _____ Date _____

Printed Name _____

This application shall not be binding until it is accepted by an Authorized South Bend CountryClub Representative as signed below:

Authorized Signature _____ Date _____

Printed Name _____