

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 May 26, 2025 - September 1, 2025

-\$750 Full Season Dues - \$250 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 Country Club Representative as signed below:

Authorized Signature _____ Date _____

Printed Name _____