

Membership Application 2024

413 Lovers Lane Steubenville, OH 43953 Phone (740) 264-0521

Applicant Information

Name	Email Address			
Contact #	Secon	dary #		
Home Address				
City	State	Zip Code		
Credit Card <u>#</u>		Exp:		
Date of Birth				
Employer				
Position	Length of Employment			
Business Address (If dif	ferent than a	bove)		
		Zip Code		
Other Club/s & Member	· #	·		
Personal Reference [] /	Or Sponsor 🗆]		
	-	Phone		
Personal Reference / Or Sponsor				
•	•	Phone		
Family Information				
Spouse's Name		Date of Birth		
Name of Children:				
		Date of Birth		
		Date of Birth		
		Date of Birth		
		Date of Birth		
The undersig	ned hereby n	nakes application to		
Steubenville Country Club for membership as follows:				
□ YOUNG ADULT 18-29				
□ INTERMEDIATE 30-40				
	OCIAL			

- \Box SECOND CLUB (please list home club above)
- □ NON-RESIDENT 1
- □ NON-RESIDENT 2

I hereby affirm that the information provided on this application is true and correct. I understand that the information presented on these pages will be posted in the clubhouse for review by the General Membership of the Steubenville Country Club for a period of at least two (2) weeks prior to action by the Board of Directors.

I acknowledge and agree to pay monthly dues as well as food and beverage minimum for my particular membership.

I acknowledge and agree that my membership is a commitment of not less that twenty four (24) months from the date I am accepted into the Steubenville Country Club by its Board of Directors during which time I agree to pay the monthly dues and monthely food minimum associated with my particular membership. Should I fail to do so, I agree to pay an early cancellation fee of Five Hundred and 00/100 Dollars (\$500.00).

I acknowledge and agree that once accepted into membership of the Steubenville Country Club that I am required to submit a written resignation to its Board of Directors in the event that I wish to terminate my membership and that I will remain a member of the Steubenville Country Club through the date which my resignation is accepted by its Board of Directors.

I agree to pay the monthly dues and monthly food and beverage minimum associated with my particular membership through the date that my written resignation from the Steubenville Country Club is accepted by its Board of Directors.

I further acknowledge that though membership to the Steubenville Country Club is in my name alone that my spouse, children, and guests are permitted to incur charges on my membership account unless the General Manager is advised in writing to the contrary.

In addition to the monthly dues and monthly food and beverage minimum which I am obligated to pay, I agree to pay the costs of services incurred by me, my spouse, my children and guests as they appear on my monthly billing statement which may include but are not limited to food and beverage consumption, green fees, golf cart fees, range fees, pro shop purchases, pool usage, golf and tennis lessons. If I terminate my membership before a 12-month period ends I agree to pay the \$500 fee.

I understand and agree that a monthly finance charge will be added to all accounts not paid by the last day of the month in which they are received at a rate of 1.75%.

I further understand and agree that in the event of delinquency on my monthly membership account that the Board of Directors may post my name and the amount of the delinquency in both the men's and women's locker rooms located inside the clubhouse.

The Steubenville Country Club is authorized to check my credit and employment history and to answer inquire about its credit experience with this account.

Applicant's Signature	Date
Applicant – please sign and date this application	after completing both sections. Forward the
application with the check for the required initial	payment of the Initiation Fee to the individual
sponsoring you for membership.	

Board Member's Signature_	Date
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Date Received	Date Posted for Membership
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