



Membership Application 2025

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

Applicant Information

Name _____ Email Address _____
Contact # _____ Secondary # _____
Home Address _____
City _____ State _____ Zip Code _____
Credit Card # _____ Exp: _____
Date of Birth _____
Employer _____
Position _____ Length of Employment _____
Business Address (If different than above) _____
City _____ State _____ Zip Code _____
Other Club/s & Member # _____
Personal Reference ☐ / Or Sponsor ☐
Name _____ Phone _____
Personal Reference ☐ / Or Sponsor ☐
Name _____ 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 undersigned hereby makes application to
Steubenville Country Club for membership as follows:

- ☐ ACTIVE
- ☐ YOUNG ADULT 18-29
- ☐ INTERMEDIATE 30-40
- ☐ SOCIAL
- ☐ SECOND CLUB (please list home club above)
- ☐ NON-RESIDENT 1
- ☐ NON-RESIDENT 2
- ☐ CORPORATE

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 than 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 monthly 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 _____

Date Received _____ Date Posted for Membership _____