



SHELBYVILLE COUNTRY CLUB

Formal Application for Membership

Membership Classifications

(Please check one.)

Full: Unlimited Golf	Junior: Unlimited Golf	Social: 12 Rounds of Golf	Sporting: 4 Rounds of Golf
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Personal Information

First Name:	Middle:	Last:	
Address:	City:	State:	Zip:
Home Phone:	Cell:	DOB:	
Email:			
Spouse's Name:		DOB:	
Email:			
Child #1's Name:		DOB:	Sex:
Child #2's Name:		DOB:	Sex:
Child #3's Name:		DOB:	Sex:

Employment Information

Employer:	Position:	Work Phone:	
Address:	City:	State:	Zip:
Spouse's Employer:	Position:	Work Phone:	
Address:	City:	State:	Zip:

Bank References

Bank or Credit Union:	Address:
Bank or Credit Union:	Address:

Present and Previous Affiliations

Golf or Country Club:	City:	State:
Golf or Country Club:	City:	State:

Services *(fees will be billed to your account):*

Golf Range <i>(required for all classes except Sporting):</i>	Cost: \$100.00 + 6% sales tax	
Club Storage & Cleaning: Billed by Head Pro	Cost: \$100.00 (per bag) + 6% sales tax	
GHIN Handicap Fee:	Cost: \$30.00 (per person)	
Club Cart Lease <i>(12 month term):</i>	Cost: \$770 (annual) or \$65 (per month)	
Cart Owner Trail Fee:	Cost: \$450 (annual)	
Cart Owner Storage Fee:	Cost: \$120 (annual)	
Member Cart Rider: <i>(riders are not permitted to drive a cart on the course)</i>	Cost: \$400 (annual)	

Note: Dues are base plus 6% sales tax as of July 1, 2018**Membership Billing Options**

(Please check one.)

_____ Annual (apply \$50 discount)

_____ Monthly (billed the 1st of each month)**If you would like a copy of your bill, please provide the preferred email address for monthly billing:**

Applicant’s Affirmation

<p>I agree, if accepted as a member of the Shelbyville Golf and Fishing Club, I will abide by the By-Laws, rules, and regulations of Shelbyville Country Club. I also understand I am obligated to pay dues, assessments, items billed on my account from any SCC department, late fees and house minimum fees in accordance with the established Club fees and policies as outlined in the Club By-Laws. By signing below, I agree to a two year membership commitment. If I resign my membership prior to this agreement being fulfilled, I understand I will be held responsible for the full initiation fee or all dues and fees remaining in the two year period (whichever is greater).</p>	
Applicant Signature:	Date:
Spouse’s Signature:	Date:

DELINQUENT DUES POLICY FOR MEMBERSHIPS:

All members are responsible to pay club dues and any monies owed for the month on time. If after 45 days debt is not paid in full your membership will be suspended and you will not be permitted on Shelbyville Country Club property until debt is paid.

(Applicant Signature) _____

Note: Former members are not eligible to re-join within twelve months of their previous membership resignation.

Date Received: _____ By: Staff Member _____

Date Approved: _____ By: Board Representative _____

We also provide our members the convenience of having their accounts paid with automatic bank draft. A separate form (available online or in the office) must be completed and submitted to the administration office to enable this service.

The By-Laws of SCC dictate that all applications are subject to review by the Board of Directors. During the regularly scheduled monthly board meetings completed applications will be reviewed and voted on by the governing body of SCC. Once a vote passes on your application you will immediately become a “member in good standing,” be eligible for all privileges and amenities associated with your membership type, and be responsible for payments for services and goods provided by or purchased at SCC.

Contacting the Club:
 Pro Shop: 633-0542 for tee times, membership, and golf information
 Administration Office: sccadmin@shelbyvillecc.com or 633-2100 for account information
 GM/Head Golf Professional: bemaynard@pga.com
 The SCC mailing address is PO Box 1247, Shelbyville, KY 40066



SHELBYVILLE COUNTRY CLUB Credit Card Authorization Form

We require a credit card on file. The credit card will be automatically charged for the balance of any outstanding accounts that are not settled within 60 days of service. All information is strictly confidential and Shelbyville Country Club adheres to the highest standards of account data protection.

Today's Date: - -

Your Name:

Payment Agreement

Please bill me

I understand my credit card will automatically be charged for any balance due that is not paid within 60 days of my statement. I also understand that if my credit card is due to expire and new card information is not supplied before the expiration date, my membership may be suspended as set forth in the By-Laws. This authorization shall remain in force until cancelled by me in writing.

Please bill monthly dues to my card | *Please bill monthly balance due to my card*

I understand my credit card will automatically be charged each month as indicated above. I also understand that if my credit card is due to expire and new card information is not supplied before the expiration date, my membership may be suspended as set forth in the By-Laws. This authorization shall remain in force until cancelled by me in writing.

Authorization

I hereby authorize this card to be used for service charges at SHELBYVILLE COUNTRY CLUB.

Cardholder Signature:

Date:

For security once transaction is entered into our secure data, this portion will be cut off and shredded

Credit Card Information

Name as it appears on the card:

Type of Card: Visa MasterCard Discover American Express

Credit Card #: - - -

Security Code (located on the back of V/ MC: (3 digits) – Amex (4 digits):

Exp. Date:

Street:

City: State: Zip Code:

Phone: