



# Shelbyville Country Club

Office use only  
# \_\_\_\_\_

47 Smithfield Rd  
Shelbyville, KY 40065

Phone: 502-633-0542  
www.shelbyvillecc.com

## Membership Application

Type of Membership Desired:

Date: \_\_\_\_\_

- Full Membership   
  Social Membership   
  Junior Level 1  
 Junior Level 2   
  Sporting   
  Corporate

### Applicant:

Name	Nickname	Date of Birth	Anniversary w/year
Home Address	City	State/Zip	Cell Phone
Mailing Address (if different from above)	City	State/Zip	Alternative Phone
Business/Employer Name	Occupation	Nature of Business	
Business Address	City	State/Zip	Work Phone
Email address			

Spouse

Co-Applicant

Name	Nickname	Date of Birth	Cell Phone
Email address			
Business/Employer Name	Occupation	Nature of Business	
Business Address	City	State/Zip	Work Phone

### Dependent Children under 26:

Name	Gender	Date of Birth
Name	Gender	Date of Birth
Name	Gender	Date of Birth
Name	Gender	Date of Birth

Name of SCC Sponsor(s): \_\_\_\_\_

### Membership in Other Country Clubs:

Name	City	State
Name	City	State

### Other: Organizational/Fraternal Affiliations, Community Activities, etc.


By signing this application for membership at The Shelbyville Country Club (SCC), I hereby authorize SCC, through its representatives, to obtain character references.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the By-Laws and Rules and Regulations of the Shelbyville Country Club in the present form or as may be amended.

**I also agree to maintain a current credit card account on file with SCC at all times. Should my account become delinquent, I agree that SCC shall have the right to bill such past-due amount to my credit card.**

Card Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

In the event I default on my account, I acknowledge and agree I will also be responsible for all 3rd party collection fees, legal fees and court costs. I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing SCC. Dues, including sales tax, together with all other charges, shall be billed on or about the first of each month and are payable upon receipt. An account not paid prior to the twentieth day of the month shall be considered past due and will automatically be charged a late fee.

I (WE) AGREE TO FOLLOW CLUB POLICIES AND RULES AS OUTLINED IN THE CLUB BY-LAWS AND RULES AND POLICIES THROUGH THE LENGTH OF MY MEMBERSHIP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b> Auto Payment Rec'd: _____	Sponsorship Letter Rec'd: _____	Board Approval: _____
Initiation Fee Paid: _____	Membership Number: _____	Welcome Letter: _____
Sponsors Cert. Sent: _____		



# Shelbyville Country Club PAYMENT AUTHORIZATION

\$ \_\_\_\_\_

**Initiation Fee Payment:**

Check attached  
 Please bill me  
 Auto Bank Draft (See Section A)  
 Auto Credit / Debit Card (See Section B)

\$ \_\_\_\_\_

**Monthly Dues & Charges Payment:**

Please bill me  
 Auto Bank Draft (See Section A)  
 Auto Credit /Debit Card (See Section B)

I (we) hereby authorize the Shelbyville Country Club(SCC) to initiate debt and/or credit entries and adjustments entries to my account or credit card indicated below. Debit entries will be initiated on approximately the 10<sup>th</sup> of each month for the balance of the Member's end of month statement.

**A.  Authorization Agreement for Automatic Bank Draft Payment**

Depository Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Routing #: \_\_\_\_\_

Branch: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Checking  
 Savings



**B.  Authorization Agreement for Automatic Credit/Debit Card Payment**

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
 (3 digit security code on back of card)

Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 (as it appears on the card)

This authority is to remain in full force and effect until SCC has received written notification from me (us) of its termination in such time and manner as to afford SCC and the depository or credit card company a reasonable time to act on it.

Member #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_