#### Member Sponsor

I hereby recommend that the Valley Country Club approve the membership application of
I have known the applicant for

I hereby recommend that the Valley Country Club approve the membership application of

. I have known the applicant for years. Signature Date

## Authorization

Signature

By signing this membership application at the Valley Country Club, I hereby authorize Valley Country Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

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 membership application is granted, I agree to observe and be bound by the Rules and Regulations of the Valley Country Club in the present form or as may be amended.

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 Valley Country Club. I understand that if my bill should become delinquent the Valley Country Club has the right to pursue collection proceedings against me. I also understand that should I resign and/or take a leave of absence that my bill must be paid in full prior to relinquishing my membership.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

years.

Date

Signature of Spouse \_\_\_\_\_

Date

## Membership Application



# Valley Country Club

79 Country Club Lane Sugarloaf, PA 18249 570-788-1112

www.thevalleycountryclub.com

### Type of Membership Desired

#### Check One:

□ Full Golf (ages 40 and above) □ Young Professional Golf (under age 40) □ Athletic (tennis, swimming & dining) □ Non-Resident Golf (residence 40+ miles) □ Social Membership (swimming & dining)  Clergy Membership Corporate Member □ Associate Driving Range Membership □ Associate Tennis Membership Associate Indoor Golf Facility Memberhip

#### Personal Information Single Married Divorced Widowed

Applicants Name				
Street Address			_	
Town	State	Zip		
Home Telephone	Cell Phone			
Date of Birth	Socia	Social Security Number		
Spouses Name				
Spouses Date of Birth	Spor	Spouses Social Security Number		
Spouses Cell Phone				
	(please note by prodic correspondences for parties, tournance Age of 22 (Please indica	oviding your email address you are permitting the Valley tents and member notifications.) te child's name and birth date)	' Country	
Child 1		Date of Birth		
Child 2		Date of Birth		
Child 3		Date of Birth		
Child 4		Date of Birth		
Child 5		Date of Birth		

#### **Business Information**

Applicants Occupation and/or Nature of Business or Profession

Name of Company

\_\_\_\_\_ Title \_\_\_\_\_

Business Address

Business Telephone

Business Fax \_\_\_\_\_

Years in Present Employment

#### -

Spouses Business Info	rmation			
Spouses Occupation and/or Nature of	Business or Profession			
Name of Company	Title			
Business Address				
Business Telephone	Busin	ess Fax		
Years in Present Employment				
Reference Information Please list Club Affiliations, Golf, Bu		1		
Please list other members of the Valle member:	ey Country Club that you know who	o are not signing your appli	ication as a recommending	
Name		for	years	
Name		for	years	
Name		for	years	
Name		for	years	
Please list a bank reference:				
Name of Institution	Branch	Contact Name		
Telephone Number	Account Numb	oer		
Please list two credit references:				
1	2			
□ Visa □ Mastercard □ Discover				
Account Number	Expir	Expiration Date		
Security Code	Billing Zip Code for Credit Card Statement			

□ I wish to enroll my monthly charges in auto pay via credit card every month. Please note that your credit card will be charged within the first week of each month. Please note, it is the members responsibility to maintain up-to-date credit card information with the office.