

Shorewood Country Club

APPLICATION FOR INTRODUCTORY MEMBERSHIP

4958 WEST LAKE RD.
DUNKIRK, NY 14048
(716) 366-1880

FAX: (716) 366-0038
EMAIL: SCC@NETSYNC.NET
SHOREWOODCC.COM

Shorewood Country Club
Founded 1918

2009 INTRODUCTORY MEMBERSHIP FEES

	Annual	Monthly	Enrollment Fee
Full Family Golf (A)	\$ 1500.00	\$ 125.00	\$ 269.38
Single Golf (A1)	\$ 1200.00	\$ 100.00	\$ 235.50
Social (B)	\$ 250.00	\$ 20.83	\$ 44.89

Enrollment fee equals the sum of 2 months dues plus NY state sales tax
(7.75% as of 12/1/07).

MEMBERSHIP CLASS DESIGNATIONS:

Full Family: 2 Adults, dependents under 21 (under 24 in college or military service),
full golf, pool and clubhouse privileges

Single Golf: 1 Golfing Adult, spouse, dependents under 21 (under 24 in college or military service),
full golf, pool and clubhouse privileges

Social: 2 Adults, dependents under 21 (under 24 in college or military service),
full pool and clubhouse privileges

MONTHLY FOOD & BEVERAGE MINIMUM: \$75.00

Tax and Gratuity are not used for minimum calculation

There will be no minimum for the month of February – clubrooms are closed

All classes subject to food and beverage minimum

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APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Mailing Address: _____

(if different) _____

Occupation: _____

Employer: _____

Address: _____

Work Phone: _____

E Mail: _____

Marital Status: _____

Spouse's Name: _____

D.O.B. _____

Dependent: _____

D.O.B. _____

Dependent: _____

D.O.B. _____

Dependent: _____

D.O.B. _____

Dependent: _____

D.O.B. _____

Membership Class Applying For: _____

Annual or Monthly Billing: _____

Member Sponsor (if applicable): _____

I, _____, hereby apply for a membership in Shorewood Association Inc., d/b/a Shorewood Country Club located at 4958 West Lake Rd. Dunkirk, New York, 14048 and hereby referred to as Shorewood Country Club.

Upon acceptance of my application for membership, I agree to comply with all terms and conditions (copy attached) governing my membership. I also understand that this application becomes a membership contract for twelve calendar months.

Date of Application: _____

Signature: _____

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TERMS AND CONDITIONS

UPON APPROVAL BY THE BOARD OF DIRECTORS, ANY PERSON
ELECTING TO JOIN SHOREWOOD COUNTRY CLUB SHALL
DO SO KNOWING THAT:

- A 12 month financial commitment is required
- Introductory rate memberships carry non-voting status
- Members are subject to the Constitution and By-Laws as well as all rules of Shorewood that now exist or that may be adopted in the future
- All monthly charges including dues, food and beverage minimums, and fees must be paid in full for each billing cycle
- Any new member must sign authorization allowing Shorewood Country Club to charge against their credit card any amount past 60 days due. Prior notification will be given before charges will be made
- Authorization allowing Shorewood Country Club to check status of credit card
- Accounts are considered delinquent 30 days from the statement date and are subject to a finance charge of 1&1/2% annually

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As a condition of membership, I acknowledge that as part of my application for membership, I am furnishing to Shorewood Association Inc., d/b/a Shorewood Country Club located at 4958 West Lake Rd. in Dunkirk, New York (hereby referred to as Shorewood Country Club) the credit card account mentioned below. I understand that the membership policy of Shorewood Country Club allows Shorewood Country Club to charge against the account stated below or any account I may furnish in substitution thereof any delinquency in dues or other charges on my account with Shorewood Country Club that are past due thirty (30) days or greater.

I, _____, hereby authorize Shorewood Country Club to charge my credit card account furnished below or any substitute thereof in accordance with the above stated policy. I further consent and authorize Shorewood Country Club to confirm from time to time the validity of the information regarding the supplied account or any substitute thereof. If the credit card account furnished below is terminated or expires, I agree to immediately furnish a valid substitute credit card account.

PLEASE COMPLETE THE FOLLOWING:

Circle Card Type: MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: _____

Name as it Appears on Card: _____

Last Three Digits of "V Code": _____

(number from the signature line on the back of the card)

Date: _____

Signature: _____