

Date Received _____

Date Posted _____

Application must be returned to the office at South Side Country Club.



NOMINATION FOR SUMMER MEMBERSHIP TO South Side Country Club

1650 COTTAGE DRIVE
DECATUR, ILLINOIS 62521
PHONE 217-423-7789

Date: _____ 20 ____

BOARD OF DIRECTORS:
Ladies and Gentlemen:

I, _____ am applying for membership at South Side Country Club as a summer member.

Date of Birth: _____

Residence Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Spouse's Email: _____ Spouse's Cell Phone: _____

Employment Information:

Place of Employment: _____ Occupation: _____

Work Phone: _____ Work Address: _____

Current members of South Side Country Club who personally know the applicant:

Applicant's Family:

Name	Birth Date	Primary Club Interest
Nominee's Given Name & Familiar Name if Different	_____	_____
Spouse/Significant Other First & Last Name	_____	_____
Dependent Child's Name	_____	_____
Dependent Child's Name	_____	_____
Dependent Child's Name	_____	_____
Dependent Child's Name	_____	_____

REGULATIONS GOVERNING FINANCIAL OBLIGATIONS

For purposes of this application, the membership covers one season, which is approximately Memorial Day weekend to Labor Day weekend. Member agrees to the membership payment of \$1400, which is not refundable, redeemable or transferable under any circumstances whatsoever including but not limited to the closure of the pool, dining facilities or termination of Membership for whatever reason.

The By-Laws of the Club provide that application for membership shall be accompanied by the entrance fee, if applicable and the amount of membership dues for the current dues period; and the application shall be emailed to the Board of Directors of the Club for review. All prospective members are subject to food and beverage (F&B) minimums as set forth by the SSCC Board of Directors, if applicable. Membership rates and F&B minimums are subject to change as prescribed in the Bylaws of South Side Country Club.

All current charges are payable in full by the 20th of each month or a late fee of \$50 will be added to the statement.

“Pursuant to Section 21 of the By-Laws and policies adopted in accordance therewith, any member who is delinquent in payment of dues, capital contributions, assessments, and purchases on credit by more than 30 days shall lose all privileges and use of the club. I agree to pay all costs of collection, including reasonable attorneys’ fees, in the event the club is required to pursue third-party collection or legal action against me to recover the amount of the delinquency.”

Please Email my statement to these addresses:

Signature of Nominee

Date



Credit Card Authorization Form

Please complete all fields. Please contact South Side Country Club at 217-423-7789 or email info@southsidecountryclub.com if you have any questions. This authorization will remain in effect until membership ends.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> ACH Debit <input type="checkbox"/> Other
Cardholder Name (as shown on card):	
Bank Name _____	
Card Number:	
Expiration Date (mm/yy): _____ 3 Digit Security Code _____	
Cardholder ZIP Code (from credit card billing address):	

I _____, authorize South Side Country Club to charge my credit card for all unpaid charges when my statement has not been paid by the due date (20th of each month) and also add a \$50 late fee. I understand that my information will be saved to file for any future tardy transactions on my account.

Member Signature

Date