

2020 SMETHPORT COUNTRY CLUB FIRST TIME MEMBERSHIP FORM

PO BOX 335

13065 ROUTE 59

SMETHPORT, PA 16749

814-887-5641

smethportcc@gmail.com

MEMBERS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ PHONE NUMBER:

CHILDREN THAT WOULD QUALIFY UNDER A FAMILY MEMBERSHIP:

NAME: _____ BIRTH DATE: _____ AGE: _____

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**PLEASE CHECK MEMBERSHIP TYPE, EXTRAS IF DESIRED, FOR THE
APRIL 1, 2020 THROUGH APRIL 1, 2021 SEASON:**

FAMILY MEMBERSHIP:

PAY \$395 \$360 OFF THE REGULAR RATE. _____

SINGLE MEMBERSHIP:

PAY \$295 \$305 OFF THE REGULAR RATE _____

SINGLE MEMBERSHIP W/ CART USE FOR THE SEASON.

PAY \$500 _____

CLUB STORAGE \$40 _____

LOCKER RENTAL \$25 _____

TOTAL _____

THIS MEMBERSHIP FORM IS FOR ANYONE THAT HAS NOT BEEN A MEMBER SINCE
2014. 2015-2018 EX-MEMBERS ARE NOT ELIGIBLE.