



1125 Country Club Road, Clearfield, PA 16830  
814.765.2265

# CCCC SUMMER SOCIAL POOL MEMBERSHIP

## 2020 Application Form

Membership year runs from 6/1/2020 through 10/31/2020.

2020 CCCC SOCIAL POOL MEMBERSHIP: This membership year runs from June 1, 2020 through October 31, 2020. This membership is only for those members listed below. There are no golf privileges with this membership. Includes privilege of food and beverage at the club and pool, and periodic poolside delivery. Food coupons are included in the price. This membership is non-transferrable. **If you wish to resign your membership you must do so in writing and submit it to the Board of Directors.**

*2020 CCCC Summer Social Pool Membership must be paid in full when application is submitted.*

\_\_\_ CCCC Family Social Pool Membership     \$350 FAMILY (includes \$50 food credit)

\_\_\_ CCCC Single Social Pool Membership     \$175 SINGLE (includes \$25 food credit)

Application Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address (Must complete both you and your spouse) \_\_\_\_\_

Place of Employment \_\_\_\_\_

If applying for Family, please complete:

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

**I have read the reverse side and agree to the benefits and terms of membership.**

Applicant Signature \_\_\_\_\_

**Must submit 100% of dues with application.**

For Country Club Use only

Application Received \_\_\_\_\_ / \_\_\_\_\_ /2020     Payment Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check#/CC \_\_\_\_\_

First Sponsor Name \_\_\_\_\_ Signature \_\_\_\_\_

Second Sponsor Name \_\_\_\_\_ Signature \_\_\_\_\_