



**2019-2020 CURLING MEMBERSHIP**

Surname:		First Name:	
Spouse Surname:		Spouse First Name:	
Address:			
City:	Province: Ontario	Postal Code:	
Residence Phone:	Business/Cell Phone:		
Email (1):		Email (2):	

*Please complete if adding Juniors as members.*

Age:	M/F:	DATE OF BIRTH:
Junior Member Name:		
Junior Member Name:		

**Please refer to Membership Package for further descriptions and fee structure**

Item	#	Price	
Adult (30+)		\$ 429.95	\$ -
NEW Adult Couples/ per person*		\$ 409.95	\$ -
NEW Adult (30+)**		\$ 299.95	\$ -
Intermediate (20-29)		\$ 359.95	\$ -
Student (17-25)		\$ 269.95	\$ -
Junior (16 & Under)***		\$ 129.95	\$ -
<i>Monthly Plan Admin Fee if applicable</i>		\$ 25.00	\$ -
Locker (Nov 1 - Dec 31/19)		\$ 20.00	\$ -
Locker (Jan 1 - Dec 31/20)		\$ 105.00	\$ -
<b>Club Account Payment Authorization</b>		<b>Subtotal</b>	\$ -
		<b>HST</b>	\$ -
		<b>Total</b>	\$ -
		<b>Deposit</b>	
		<b>Balance Due</b>	

**Membership Includes:**

Unlimited Curling  
Member Events & Programs  
CURL ON Membership

\* NEW Adult Couples - must share same address. Only valid for those over age 30.

\*\*NEW Adult (30+) - has not been an SCC curling member since 2017-2018 season.

\*\*\* Junior Membership includes highschool team (if applicable), SCC Junior curling program fee & one (1) league registration.

**Monthly Membership Payment Authorization**

I authorize the Stratford Country Club to charge my credit card (provided below) on the first business day of each month for the amount owing to the club based on the Membership Package Payment Options Plan unless payment has already been received by an alternate method.

**All monthly payment plans conclude in December of the playing season.**

**For Monthly Payments Only**

<b>Number of Payments</b>	
<b>Monthly Amount</b>	

<input type="checkbox"/> I authorize the Stratford Country Club to charge my credit card (provided below) on the first business day of each month for the balance owing on my Club Account unless payment has already been received by an alternate method.	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>	CVC: _____
Card No: _____		Expiry: _____
Member Signature: _____		Date: _____

**Acceptance of Rules and Regulations**

**SEE 'RULES AND REGULATIONS' FOR IMPORTANT INFORMATION**

I have read and understood the Stratford Country Club Rules and Regulations. I agree to observe and abide by the Rules and Regulations of the Stratford Country Club. If I fail to observe and abide by the Rules and Regulations of the Club, I understand that I will be subject to sanctions which may include suspension or termination of my membership privileges.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To Check Account Statements, Please Visit [www.tee-on.com](http://www.tee-on.com)