



2023-2024 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):	
<i>Please complete if adding Juniors as members.</i>			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+ yrs)		\$ 529.00	
Adult Couples/per person*		\$ 479.00	
New to the Club Adult (30+)**		\$ 439.00	
Intermediate (20-29 yrs)		\$ 439.00	
New to the Club Int (20-29 yrs)**		\$ 419.00	
Student (17-25)		\$ 329.00	
Junior (16 & Under)***		\$ 139.00	
<i>Monthly Plan Admin Fee if applicable</i>		\$ 25.00	
Locker (Nov 1 - Dec 31/23)		\$ 20.00	
Locker (Jan 1 - Dec 31/24)		\$ 105.00	
Club Account Payment Authorization	Subtotal	\$ -	
	HST	\$ -	
	Total	\$ -	
	Deposit		
	Balance Due		

Membership Includes:
 Unlimited Curling
 Member Events & Programs
 CURL ON Membership

*Adult Couples - must share same address. Only valid for those over age 30.
 **New Adult (30+) - has not been an SCC curling member since 2021-2022 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 must conclude in March or earlier if desire of the current playing season.

<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.			
	For Monthly Payments Only		
	Number of Payments		
	Monthly Amount		

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Card No: _____ Member Signature: _____	CVC: _____ Expiry: _____ Date: _____
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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