



NORTHSHORE SPORTS CLUB

INDIVIDUAL & FAMILY & CORPORATE MEMBERSHIP APPLICATION

To ensure NORTHSHORE SPORTS CLUB("NSSC") has the correct contact details for you, please fill out this form and email it back to member@northshoresportsclub.com or return the form to:

Membership Service
NORTHSHORE SPORTS CLUB
28392 N Ballard Dr
Lake Forest, IL 60045

You will be contacted by e-mail/phone by our officer to make arrangements for the Club orientation with 5 business days. The membership payment is due at the Club orientation. Please bring your Government Issued ID, FOID/CCL, and any necessary Identification for verification purpose.

Thank you for taking time to complete your application carefully and we look forward to welcoming you to our club.

Primary Member _____
First Name Last Name DOB ____/____/____

Title Mr Mrs Ms Miss

Home Address _____
Number and Street City State Zip

Mailing Address (if different) _____
Number and Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____ Email address _____

Illinois Driver's License # _____ Occupation _____ Place of Employment _____

Illinois FOID # _____ Expiration Date _____

Illinois Concealed Carry License # _____ Expiration Date _____

Emergency Contact _____ Phone _____ Relationship _____

CORPORATE MEMBERSHIP Starting with 5 members.

Private storage is an additional \$500/year for each locker with the CORPORATE MEMBERSHIP.

FAMILY/CORPORATE MEMBERS(if applicable)			EMERGENCY CONTACTS		
_____	_____	____/____/____	_____	_____	_____
Name	Email Address	Date of Birth	First Name	Last Name	Relationship
_____	_____	____/____/____	_____	_____	_____
Name	Email Address	Date of Birth	Daytime Phone	Evening Phone	
_____	_____	____/____/____	_____	_____	_____
Name	Email Address	Date of Birth	First Name	Last Name	Relationship
_____	_____	____/____/____	_____	_____	_____
Name	Email Address	Date of Birth	Daytime Phone	Evening Phone	

28392 N BALLARD DRIVE, LAKE FOREST, IL 60045 847.984.2283
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Name _____	Email Address _____	Date of Birth _____/_____/_____	First Name _____	Last Name _____	Relationship _____
Name _____	Email Address _____	Date of Birth _____/_____/_____	Daytime Phone _____	Evening Phone _____	
Name _____	Email Address _____	Date of Birth _____/_____/_____	First Name _____	Last Name _____	Relationship _____
			Daytime Phone _____	Evening Phone _____	
			First Name _____	Last Name _____	Relationship _____
			Daytime Phone _____	Evening Phone _____	

How did you hear about us? Newspaper Radio Drive By/Signage Mail/Flyer Internet search Website Referral

Which of the following products/services interests you: Firearms Training/Instruction Member Lounge Party/Event Competition

MEMBERSHIP TYPE		EXTRA LOCKER RENTAL (OPTIONAL)	
<input type="checkbox"/> Individual	\$4000.00/Year	<input type="checkbox"/> Second locker	\$500.00/Year
<input type="checkbox"/> Family	\$2000 Each Additional Member	<input type="checkbox"/> Third locker	\$500.00/Year
<input type="checkbox"/> Corporate	\$3000.00/Year		

PAYMENT TERM

- Annual/One Time Payment
- 12 Monthly Recurring Payment Plan

ACCEPTANCE AND AGREEMENT

In consideration of gaining membership or being allowed to participate in the activities and programs of the NORTHSHORE SPORTS CLUB("NSSC") and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the NSSC and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the NSSC or the use of any equipment at the NSSC. I agree to adhere to all policies set by the NSSC. **All memberships are non-refundable or transferable, for any reason.**

By agreeing to NSSC's **Monthly Recurring Payment Plan**, I understand recurring payments are collected automatically by charging the my credit card on the same due day of the month based on the date membership begins. NSSC will not send out monthly invoices. If NSSC fail to receive the full amount of the monthly payment within 5 days of the due date, a late payment charge of 5% per month may be added to the account and immediately become due and payable. I agree to pay NSSC all reasonable attorney's fees and costs incurred by NSSC to collect any past due amounts. My account will be deactivated without further notice if payment is past due, regardless of the dollar amount. NSSC may change fee structure at any time with thirty (30) days notice. I agree that we will not be liable for any loss caused by any unauthorized use of my credit card or any other method of payment by a third party in connection with the Site. I waive my right to dispute any payment made into MY Account and I will bear all costs. Any attempt to defraud NSSC through the use of credit cards or other methods of payment, or any failure by me to honor charges or requests for payment will result in immediate termination of my membership and civil and/or criminal prosecution. In the case of suspected or

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<input type="checkbox"/> Membership Fee and Dues Received	By: _____	Date: _____
<input type="checkbox"/> Method of Payment * Cash * Check # _____ * Credit * Debit Amount _____	By: _____	Date: _____
<input type="checkbox"/> Membership kit delivered to Member	By: _____	Date: _____
<input type="checkbox"/> Club Orientation completed	By: _____	Date: _____
<input type="checkbox"/> Biometric ID Set-up ID # _____	By: _____	Date: _____
<input type="checkbox"/> Locker PIN Set-up	By: _____	Date: _____

Family Member Name: _____ E-mail: _____	Verified	Date
<input type="checkbox"/> Copy of Drivers License	By: _____	Date: _____
<input type="checkbox"/> Copy of FOID/CCL	By: _____	Date: _____
<input type="checkbox"/> Club Orientation completed	By: _____	Date: _____
<input type="checkbox"/> Biometric ID Set-up ID # _____	By: _____	Date: _____

Family Member Name: _____ E-mail: _____	Verified	Date
<input type="checkbox"/> Copy of Drivers License	By: _____	Date: _____
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