



Kishwaukee Country Club
1901 Sycamore Rd.
P.O. Box 565
DeKalb, IL 60115

www.kishwaukeecc.org

Phone: 815-758-6848

Fax: 815-758-6708

For office use only:

Date Received	_____
Date Approved	_____
Member #	_____
Database	_____
Initiation Fee	_____
Assessment	_____
Roster Book	_____
Hole-In-One	_____

Application for Membership

Name: Mr. / Mrs. / Ms. / Miss / Dr. _____

Date of Birth: _____ S.S. #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Marital Status: Single Married Anniversary Date: _____

Drivers License #: _____ Email Address: _____

Employment Information

Company Name: _____

Type of Business: _____ Title: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Spouse Information

Name: _____ Date of Birth: _____

S.S. #: _____ Cell Phone: _____

Email Address: _____

Company Name: _____

Type of Business: _____ Title: _____

Business Address: _____

Business Phone: _____

Dependent Information

Names (under 23)	Date of Birth	Sex
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

References

Name of Kishwaukee Sponsor: _____

Other Personal References:

1. _____ Phone: _____

2. _____ Phone: _____

Banking Reference: _____ Location: _____

Bank Contact Name: _____

Present or Past Club Affiliations:

Name of Club	City, State
1. _____	_____
2. _____	_____

Membership Information

I am applying for membership in the following category:

- Regular Family Equity Regular Single Equity Intermediate Family Intermediate Single
 Junior Social/Tennis/Pool Clubhouse

My Initiation Fee is Attached: \$ _____

I would prefer my dues be billed: Annually Monthly

Please mail my monthly statements to my: Home address Business address

I authorize Kishwaukee Country Club to check my credit and employment history and to obtain such information as they deem necessary to extend credit to me under the membership account at the club.

Applicant's Signature: _____ Date: _____

Conditions of Application and Membership

I would like to join Kishwaukee Country Club and, if accepted, I will abide by the club regulations and by-laws. I have reviewed the by-laws provided to me and in addition to agreeing to them, I also agree that I will personally accept responsibility for any and all club dues, membership fees, initiation fees, assessments, or other indebtedness of myself and that generated by my family, guests, and groups that I may sponsor. If my account goes unpaid over a forty-five (45) day period, I give the club permission to charge me for such unpaid amounts on the credit card designated below. I also agree that the initial term of membership will be for a minimum period of one year from the date of acceptance to the club. After the first year each succeeding year of membership will be based upon a full calendar year term.

Authorized Credit card: (please circle one) Mastercard VISA Discover (AMEX not accepted)

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Signature of Spouse: _____ Date: _____