



Kishwaukee Country Club  
1901 Sycamore Rd.  
DeKalb, IL 60115

www.kishwaukeeecc.org  
Phone: 815-758-6848

**For office use only:**

Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Member #: \_\_\_\_\_  
Hole-In-One: Yes \_\_\_ No \_\_\_

**NON-EQUITY MEMBERSHIP APPLICATION**

I am applying for membership as (check the appropriate category):

Intermediate Non-Equity     Junior Non-Equity     Clubhouse Dining

Social/Tennis/Pool:     Individual     Individual + 1 or     Individual + 2 or more

I hereby apply for membership and the resultant rights and privileges therein. I understand my **name(s)** and **phone number(s)** will be listed in the Member Directory available to Members only and is not used for solicitation purposes.

**Member Information (Please print)**

Name: Mr. / Mrs. / Ms. / Miss / Dr. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone (if applicable): \_\_\_\_\_  
Marital Status:     Single     Married    Anniversary Date: \_\_\_\_\_

**Employment Information**

Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**Spouse/Domestic Partner\* Information (if included in membership)**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_

\*Domestic Partnership Guidelines: Domestic partners must share a committed and mutually dependent relationship, which must be demonstrated to the Board's satisfaction, and at its sole discretion, by evidence, including, but not limited to, joint ownership of bank accounts, investments, residential real estate, with or without the joint obligation of a mortgage securing the same, as well as other evidence of joint ownership or shared indebtedness.

**Dependent Information (if included in membership)**

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

**References**

Name of Kishwaukee Sponsor: \_\_\_\_\_

*Other Personal References:*

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

*Present or Past Club Affiliations:*

1. Name of Club \_\_\_\_\_ Location of Club: \_\_\_\_\_

2. Name of Club \_\_\_\_\_ Location of Club: \_\_\_\_\_

**Application and Acceptance of Membership:** I hereby apply for a \_\_\_\_\_ membership at Kishwaukee Country Club. If this membership application is accepted, I agree to comply with and be bound by the Club’s Regulations and By-laws as they may be amended from time to time. I understand and agree that if the Club does not accept this application, all funds paid for the membership will be promptly refunded, and this application will be cancelled and will not be binding on either party. The Club reserves the right to decline this membership application at any time in its sole discretion. If my application is approved my membership will begin on the date a duly authorized representative of the Club executes the “Approved By” line 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.

**Payments:** Membership requires the Member to pay dues and all other charges. The Member agrees to maintain one (1) valid credit card in the Member’s name, on file, with the Club at all times. If at any time your credit card on record is declined, due to account closure, expiration date lapsing, or for any other reason, Member agrees to promptly notify Club and furnish new valid credit card information. In the event of the Club is not notified of the updated credit card information, the Membership may be cancelled without notice, and the balance of the account will be subject to collections. Member agrees to pay all reasonable attorneys’ fees and other fees and costs incurred by Club/Club Manager in the event the account is turned over for collections.

**I agree to the membership terms listed below:**

- 1) There is a \$500 food minimum for Intermediate/(individual)STP  
\$1,000 food minimum for STP (2 or more)/Business Clubhouse
- 2) There is a capital fund assessment of \$225 - Intermediate  
\$150 – STP (any)  
\$100- Junior  
\$100 - Business Clubhouse

**Dues:** Intermediate - \$2,050      Junior - \$1,025      Clubhouse - \$525  
STP Individual - \$525      STP Ind.+1 - \$775      STP Ind.+2 or more - \$1,025

**Dues and Building Fund Payments:** I would prefer my dues be billed:       Annually     Monthly  
I would prefer my Building fund be billed:  Annually     Monthly     N/A

**Billing:** I would prefer to pay my monthly balance in full each month by check or cash:  
 yes       no

If you check **NO**, you will receive a statement of charges and Kishwaukee Country Club will **automatically charge your credit card each month.**

With this acceptance of my application, I (we) would prefer that my monthly statement be sent to:  
 Home       Business       e-mail

**Credit Card Information and Authorization:** Regardless of the method of payment, you are required to have a valid credit card on file with the Club.

I certify the credit card listed below is issued to me and I agree that all disputes on my credit card or debit card account relating to the Club will be promptly brought to the Club's attention.

I understand that I am to keep a valid approved credit card or debit card on file with the Club at all times.

\_\_\_\_\_ **Initial here to authorize automatic payment of your monthly balance by Credit Card:** I understand that my monthly bill will be paid in full each month on or about the twelfth (12<sup>th</sup>) day of the month with the following credit card. I hereby authorize the Club to charge the noted account for payment as listed in the above terms on the date specified above. If any of the information should change I will contact the Accounting office with the new information. This contract shall be in effect until I send a request in writing to the Club stating that it shall be void.

Member Name \_\_\_\_\_ Exact name on card: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card Type:     Mastercard       Visa       Discover      (Amex not accepted)

(Office use only: Phone \_\_\_\_\_ Member # \_\_\_\_\_ Address Code \_\_\_\_\_)

**NOTE:** Please inform the Club office, 815-758-6848, of credit card changes including but not limited to expiration date.

I HAVE RECEIVED AND I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE CLUB'S REGULATIONS AND BY-LAWS. This membership application together with the Club's Regulations and By-laws as amended from time to time hereby constitute the entire agreement and understanding of the parties in respect of the membership in the Club and the relationship, obligations, terms and conditions contemplated herein and supersede any previous agreements and understandings between the parties with respect thereto. I agree that I will accept responsibility for any and all club dues, membership fees, initiation fees, assessments, or other indebtedness of myself and that generated by my family, guest, 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 on file.** The terms and conditions set out in this membership application and the Club's Regulations and By-laws may be only amended, modified or supplemented in a writing issued by the Club.

I hereby authorize the Club to confirm and investigate the information that I supplied in and with this application, including investigating my credit history and making inquiries into my background. I acknowledge and agree that if my application contains any misstatements, the Club may decline this application or revoke my membership.

I understand that membership is contingent upon approval of the Club, which approval shall be at its sole and absolute discretion.

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

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

**Approved:** This Membership Application has been approved for membership in Kishwaukee Country Club based upon a satisfactory review of all conditions listed within this Membership Application.

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_