



Kishwaukee Country Club
1901 Sycamore Rd.
DeKalb, IL 60115

www.kishwaukeecc.org

Phone: 815-758-6848

For office use only:

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

Trial Program Application

Trial Golf Trial Clubhouse Dining

Note: You may continue as a trial member for three years. See Page 2 for dues, annual food minimum, and capital fund assessment for each of the three years.

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: _____

Home Phone: _____ Cell Phone: _____

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 as a member)

Name: _____

Date of Birth: _____ Cell Phone: _____

Email Address: _____

Company Name: _____ 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 as a member)

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

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. _____	_____

I agree to the terms of the Trial Golf membership listed below:

- Trial Golf:** \$2,500 annual dues for the calendar year for Year 1
- o Add spouse for \$500
 - o Add dependent children, up to 23 years of age, for \$500

- TOTAL:** _____
- o \$500 due at the time of application
 - o There is a capital fund assessment of \$125
 - o There is a food minimum of \$350 the 1st year.
 - o Dues, for the first year of membership, is to be paid in full within three (3) months of application. For all other years, dues shall be paid by June 30.

- Notes: 1) Base dues for Year 2 are \$2,900. Base dues for Year 3 are \$3,250.
 2) Dues will be billed in January and shall be paid no later than June 30.
 3) There is a \$375 food minimum for years 2 and 3.
 4) There is a capital fund assessment of \$180 for years 2 and 3

- Trial Clubhouse:**
- \$150 annual fee (for the calendar year) due at time of application
 - There is no food minimum – capital fund assessment of \$50

Application and Acceptance of Membership: I hereby apply for the _____ program 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 term of TRIAL membership will be for a period of one or two calendar years as indicated above. After the TRIAL period, succeeding memberships will be based on full memberships and for a 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.

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 monthly balance to your credit card each month.**

With this acceptance of my application, I (we) would prefer that our monthly statement be sent to:

Home Business Spouse's business

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 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 (12th) 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 above 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 _____

Type: Mastercard Visa Discover (Amex not accepted)

Bill is mailed to: _____ Home _____ Business

(Office use only: Phone _____ Member # _____ Address Code _____)

NOTE! Please inform the Club Office, 815-758-6848 ext. 12, of any credit card changes including but not limited to the 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 of my family, guest, and groups that I may sponsor. If my account goes unpaid over a forty-five (45) day period, I give the 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 _____

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 _____ Date _____

Title _____