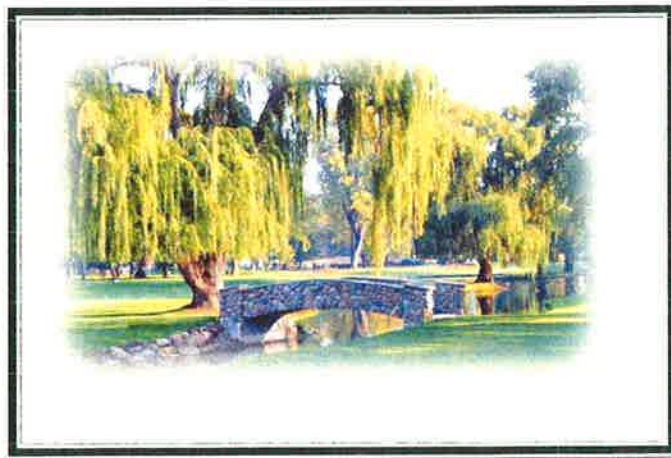


McHenry Country Club

Membership Application



820 N. John Street - McHenry, Illinois 60050

Tel 815.385.1072

Fax 815.385.1091

WWW.McHenryCountryClub.Com

Bank Reference

Name of Bank (Include City & State) _____

Checking Account Number _____

Credit Card

Visa Mastercard American Express Name on Card _____

Card Number _____ Expiration Date _____ Sec. Code _____

Background Information

Yes No Have you ever been a member of McHenry Country Club ?
If yes, when were you a member ? _____ to _____ Type of membership _____

Yes No Have you ever been a member of another Country Club ?
If yes, which one _____

Yes No Have you ever been rejected, expelled or dropped from membership in any club ?
If yes, please explain _____

Please list any other social or professional clubs where you hold a membership _____

Yes No Do you have contact with any McHenry Country Club Members ?
If yes, please list _____

Declaration

I hereby apply for membership to the McHenry Country Club and if elected, I agree to abide by the by-laws and regulations of the Club. I commit and agree to pay all set Club fees and dues for a minimum of 9 months. I also agree to all terms described in my membership packet.

I hereby apply for credit privileges and agree to pay all charges when due and abide by all other terms and conditions of credit.

I hereby certify that all of the information provided by me is accurate to the best of my knowledge and it is understood that the giving of false information and misrepresentation shall constitute grounds for expulsion of membership

Signature of Applicant _____ Date ____/____/____

Sponsors (two signatures are required for Equity Members Only)

1. _____ 2. _____

If I am elected membership, please send invoices to: My Home My Office

I (We) hereby apply for Membership in McHenry County Club and furnish the following information for the Club's use in establishing my (our) membership account at the Club.

Type of Membership

- Equity Single Non-Equity Single Gold Single Young Associate Single Social Golf Single
 Equity Family Non-Equity Family Gold Family Young Associate Family Social Golf Family
 Social Dining Other _____

Sponsoring Member: _____ Staff Contact: _____

Prospective Membership Information

Personal Information

Name (First, Middle, Last) _____

Social Security Number _____ Birthdate _____

Marital Status Married Single Widowed Divorced

Spouse's Name (First, Middle, Last) _____

Social Security Number _____ Birthdate _____

Home Address (Street, City, State, Zip) _____

Home Telephone Number _____ Cell Phone Number _____

Email Address _____

Business Information

Employer _____

Business Address (Street, City, State, Zip) _____

Business Telephone _____ Length of Employment _____ years

Children/Dependants

	Name	Birthdate
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____