

HILLCREST COUNTRY CLUB
"Where every round is your best round!"

To the Board of Directors:

I hereby apply for the following classification of membership at Hillcrest CC:

Full _____ \$1139.50 Social _____ \$106, Junior _____ \$318, Family Junior _____ \$159.

All listed fees include tax. Payment options available from Club Manager. Please check one.

Upon acceptance of this application for membership at Hillcrest Country Club, I agree by signature below to conform to the by-laws and abide by the rules and regulations of the Club. I also agree to pay all dues, taxes, and any other legitimate charges assessed to my account. I acknowledge that my membership can be terminated by me or by action of the Board of Directors.

Full name of candidate: _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: () _____, Business: () _____

Place of Business: _____ Title: _____

Business Address: _____

City: _____ State _____ Zip _____

Email address: _____

Statement address: Home _____, Business _____. Please check one.

Are you 21 or older: Yes _____, No _____. Please check one.

Marital Status: Married _____, Single _____. Please check one.

List names of spouse and/or children who will play under this membership:

Spouse: _____

Children: _____

(Please list birthdates of children)

APPLICANT SIGNATURE: _____

DATE: _____

Mail application to: Hillcrest Country Club
27749 Prospect Avenue
Adel, IA 50003