

Member Application

Please complete the following information, sign and return to the Golf Club of Illinois.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email Address (required): _____

Credit Card Information (required): _____
Number Expiration

Type of Membership:

- Corporate
- Premier
- Associate
- Senior (Birth Date _____)
- Junior (Birth Date _____)
- Range
- Walking

Requested Permanent Tee Time (if applicable):

- Saturday Time _____
- Sunday Time _____

Preferred Permanent Tee Time Partners:

2. _____
3. _____
4. _____

Please review the Golf Club of Illinois Policies and Rules as presented within this application.
Your signature and date are required for membership consideration.

Thank You!