

# FRANKLIN COUNTY COUNTRY CLUB



*Application for Membership*



11058 COUNTRY CLUB ROAD, WEST FRANKFORT IL 62896  
618-937-3020/FAX 618-932-3162

Membership Category Desired:

- General Family Member (\$1570.00)
- General Individual Member (\$1170.00)
- Associate Family Member (\$855.00)
- Associate Individual Member (\$675.00)
- Student Member (\$300.00)
- Social Individual Member (\$225.00)
- Social Family Member (\$325.00)

Corporate Member \_\_\_\_\_ Individual \$4000.00 \_\_\_\_\_ Family \$5600.00

Corporate Bundle Member \_\_\_40 Rounds \$1800 \_\_\_60 Rounds \$2600 \_\_\_80 Rounds \$3400 \_\_\_100 Rounds \$4000

**PERSONAL INFORMATION (ALL MEMBERSHIPS AND CORPORATE OWNER)**

Name \_\_\_\_\_  
Title First Middle Initial Last Nickname

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Single  Married  Divorced  Widowed If married, please fill out the Spouse information below.

Spouse's Name \_\_\_\_\_  
First Middle Initial Last Telephone Date of Birth Spouse's

Email Address \_\_\_\_\_

**BUSINESS INFORMATION**

Applicant's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_ Years Employed \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

**CORPORATE INFORMATION (ALL ADDITIONAL CORPORATE MEMBERS)**

Name \_\_\_\_\_  
First Middle Initial Last Phone Number

Home Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_  
First Middle Initial Last Phone Number

Home Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_  
First Middle Initial Last Phone Number

Home Address \_\_\_\_\_  
Street City State Zip Code

**DEPENDENT CHILDREN**

Please list only dependent children living at home or students under the age of 24:

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**AUTHORIZATION**

I, the undersigned do hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the by-laws and Rules and Regulations of Franklin County Country Club.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members and/or corporate employees who will be utilizing Franklin County Country Club.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsoring Member** \_\_\_\_\_ **Date** \_\_\_\_\_

***For office use only***

Date Received: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Effective Date of Membership: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

*Franklin County Country Club*

*11058 Country Club Road*

*West Frankfort IL 62896*

*Phone: 618-937-3020*

*Fax: 618-932-3162*

*Email: agm.fccc@4siwi.com (General Manager)*

*Admassist.fccc@4siwi.com (Administrative Asst)*