



Application for Membership
Short Hills Country Club
2500 11th Street, P. O. Box 815
East Moline, Illinois 61244

Date of Application _____

I, _____ Hereby apply for _____ Certificate _____ Non-Equity Golf
_____ Social _____ Club House _____ Non-Resident _____ Wedding Clubhouse _____ Trial Social

Membership in Short Hills Country Club.

If approved as a member, I agree to pay annual dues, initiation fees and other charges as provided by the By-Laws plus tax, and to be subject to and abide by all By-Laws, rules and regulations of the Club.

It is understood and agreed, generally, that I shall have the privileges accorded other members of the same classification, and that the franchises of the Club and the interests in the physical properties thereof are reserved exclusively for holders of Certificate Memberships.

I enclose remittance of \$ _____
(Remittance of at least one-quarter of annual dues must accompany application)

Credit Card Information (required for file)

Card Number _____ Card Type _____ Expiration date _____ Security Code _____

Billing Address _____

I understand that if my bill is not paid within 60 days of the due date that my credit card will be charged for any remaining balance. Signature _____

I choose to pay my dues _____ Annually _____ Semi-Annually _____ Quarterly _____ Monthly
(Semi-annual, quarterly or monthly dues will incur an additional carrying fee)

Home Address _____ Street _____ City _____ State _____ Zip Code _____

Mailing Address _____ Street _____ City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____ Date of Birth _____ / _____ / _____
Area Code Area Code

E-mail Address _____

May we contact you via e-mail? Yes No

May we publish your e-mail in the Member Roster and on the website? Yes No

Employer _____ Years with Employer _____

Business Address _____ Street _____ City _____ State _____ Zip Code _____

Current Position _____

Personal References (please list two)

Name _____ Street _____ City _____ State _____ Zip Code _____

Name _____ Street _____ City _____ State _____ Zip Code _____

Signature of Applicant _____

Please print names of Certificate Members endorsing you:

_____ Print _____ Print _____ Print

Signature of sponsoring Certificate Members (I ascertain that the applicant has the financial and social responsibilities desired of a Short Hills Member)

_____ Signed _____ Signed _____ Signed

Do not write in this space

Approved For Membership By:

Date Application Posted _____ President _____ Date _____

Date Applicant Notified of Acceptance _____ Secretary _____ Date _____

Marital Status _____ Single _____ Married

Name of Spouse _____ Date of Birth ___/___/___/

_____/___/___/ _____
Name(s) of Children Date of Birth Name(s) of Children Date of Birth

_____/___/___/ _____
Name(s) of Children Date of Birth Name(s) of Children Date of Birth

_____/___/___/ _____
Name(s) of Children Date of Birth Name(s) of Children Date of Birth

Please rank in order of interest, (1 through 9) the categories listed below, if not listed please write in.

___ Golf ___ Dining ___ Social ___ Banquets ___ Business ___ Swimming ___ Tennis ___ Family Activities

Other interests: _____

List other clubs, lodges or societies, such as YMCA or fitness center, you currently belong to:

Paragraph on why you would like to become a member of Short Hills.

Other Clubs considered: _____

How did you first learn about Short Hills Country Club?

_____ Newspaper _____ Member _____ Other

If other, please explain _____

Payment of Account:

Payment of Account is due by the 20th of each month. I agree to pay the account when due and I agree the Club may assess a late charge of \$25.00 per month for past due accounts.

Further, I give the Club permission to perform a reference check based on the information set forth in this application.

Signature _____ Date _____