

# HIGHLAND COUNTRY CLUB

618-654-4653 (golf)

P.O. Box 235

Highland, IL 62249

[www.hccgolf.net](http://www.hccgolf.net)

## MEMBERSHIP CONTRACT

I/We, \_\_\_\_\_, hereby agree to abide by the By-Laws and Other Rules of Operation of the Highland Country Club in the class of membership indicated below for the period of April 1, 2008 through March 31, 2009. I therefore authorize the Highland Country Club to bill me for the membership classification and other club services checked below.

**Membership Class:**     **Regular**                      \$1326.00  
(Ref. separate sheet     **Single**                              \$ 942.00  
for class descriptions)     **Honorary**                      \$ 663.00  
  
 **Junior**                              \$ 350.00  
  
 **Pool**                                      \$ 350.00  
  
 **Social**                                      \$ 150.00

Please indicate how you wish to  
make your payment: (Check Box):

One Payment                        
Six Payments                        
Payment Included                  
Amount enclosed \_\_\_\_\_

All Membership Classes except Junior & Social will be subject to a \$150.00 New Clubhouse assessment billed in October 2008. A \$30.00/month Minimum to be spent in the clubhouse for food/beverage is required for all members except junior members.

If you own a cart and use it at the Highland Country Club you are required to pay a storage fee or a trail fee. For billing purposes please indicate below the contract amount that should be applied to this golf membership contract. **Also, members must sign and return the attached lease contract when they return this contract.**

**Cart Type:**     Electric \$150.00     Gas \$150.00

**Current Cart Space #:** \_\_\_\_\_

If sharing, with whom: \_\_\_\_\_

If sharing, who is to be billed \_\_\_\_\_

**Trail Fee\*:**     Trail Fee    \$ 75.00

\*Applies to members owning 1 or more carts kept off Club property that may be brought onto Club property for use while playing golf.

NAME FOR BAG TAG \*\*

Names/Ages of Children 21 & under (as of 4/1/08)

Self: \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

Spouse: \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\*\*If last names differ, please indicate.

\_\_\_\_\_ age: \_\_\_\_\_

Please include Birth date, as this is important to setting Individual Club Tournament brackets in August.

\_\_\_\_\_ age: \_\_\_\_\_

**PLEASE PRINT:**

**NAME** \_\_\_\_\_

**BILLING ADDRESS IF DIFFERENT:**

**HOME ADDRESS** \_\_\_\_\_

**C/O** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE/ZIP /Illinois** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Current Membership #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**DATE** \_\_\_\_\_

