

HIGHLAND COUNTRY CLUB

618-654-4653 (golf)

P.O. Box 235
Highland, IL 62249

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, 2009 through March 31, 2010. I therefore authorize the Highland Country Club to bill me for the membership classification and other club services checked below.

Membership Class: (reference separate sheet for class descriptions)

<input type="checkbox"/> Regular	\$1326.00	<input type="checkbox"/> Single	\$ 942.00
<input type="checkbox"/> Honorary	\$ 663.00	<input type="checkbox"/> Junior	\$ 350.00
<input type="checkbox"/> Pool	\$ 350.00	<input type="checkbox"/> Social	\$ 150.00

All Membership Classes except Junior & Social will be subject to a \$150.00 New Clubhouse assessment billed in October 2009. 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.

Membership Information **

Names/Ages of Children 21 & under (as of 4/1/09)

Self: _____ Birth date: _____ age: _____

Spouse: _____ Birth date: _____ age: _____

** If last names differ, please indicate.

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

_____ age: _____

_____ age: _____

PLEASE PRINT:

NAME _____

HOME ADDRESS _____

CITY _____

STATE/ZIP /Illinois _____

E-mail address: _____

BILLING ADDRESS IF DIFFERENT:

C/O _____

Phone: _____

Current Membership #: _____

Summary of Contract (Please fill in totals from above)

Membership Type	Amount	Total	Method of Payment (check below)
Regular	\$ 1326.00		<input type="checkbox"/> One Payment (billed) <input type="checkbox"/> One Payment (check enclosed)
Single	\$ 942.00		<input type="checkbox"/> Six Payments due between March 2009 thru August 2009 *
Honorary	\$ 663.00		<i>*(Note: If you choose the six payment method, you will be responsible for making monthly payments on time. The club will only send quarterly statements).</i>
Junior	\$ 350.00		
Pool	\$ 350.00		
Social	\$ 150.00		
Cart Fee	\$ 150.00		<input type="checkbox"/> One Payment (Credit Card – see options below)
Trail Fee	\$ 75.00		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Tree Donation Program	\$100.00		Card Number: _____
Total Contract Amount:			Card expiration Date: _____

Signature: _____

DATE _____