

Golf Partner's Inc.

dba

Wee-Ma-Tuk Hills Country Club

2008 Membership Application

Name: _____ Date of Birth _____

Spouse: _____ Date of Birth _____

Children: _____

Address: _____ City & Zip: _____

Home Telephone: _____ Business: _____

Sponsor/Referred by WMT Member: _____

MEMBERSHIP CLASSIFICATIONS:

- | | |
|--------------------------|------------------------------------------------|
| 1. Regular (Family) | 5. Single Senior |
| 2. Single | 6. Non-Resident (25 Miles Beyond Wee-Ma-Tuk) |
| 3. Junior (29 and under) | 7. Social (Dining Only) |
| 4. Senior (60 and over) | 8. Social Extended (Dining, Pool, and Fishing) |

CONTRACT:

1. I HEREBY UNDERSTAND THAT I SHALL BE RESPONSIBLE FOR AT LEAST 12 MOS. DUES
2. I UNDERSTAND AND AGREE THAT MY PRIVILEGE OF MEMBERSHIP SHALL BE GOVERNED BY THE RULES AND REGULATIONS OF THE CLUB AND THAT SAID RULES AND REGULATIONS MAY BE CHANGED AT ANY TIME WITHOUT NOTICE TO ME.
3. I FURTHER UNDERSTAND AND AGREE THAT I SHALL BE RESPONSIBLE FOR THE PAYMENT OF ALL GOODS AND SERVICES CHARGED BY ME, MY FAMILY MEMBERS AND MY GUESTS.
4. I ALSO UNDERSTAND THAT TO DISCONTINUE MY MEMBERSHIP (AFTER 12 MOS) I MUST PRESENT OR SEND
5. NOTICE IN WRITING TO THE OFFICE.
6. ACCOUNTS WILL BE DEBITED ON THE 10TH OR 25TH OF EVERY MONTH.
7. I HEREBY AGREE THAT IF THE SITUATION ARISES THAT GOLF PARTNER'S INC HIRES AN ATTORNEY TO COLLECT ANY DEBT FROM ME, I WILL BE RESPONSIBLE TO PAY ALL ATTORNEY'S FEES
8. ALL CHILDREN OVER THE AGE OF 18 MUST PROVIDE PROOF OF FULL-TIME COLLEGE HOURS TO QUALIFY AS
9. INCLUDED ON A FAMILY MEMBERSHIP

Member Classification: _____ Direct Pay 10th or 25th of every month _____

SIGNATURE: _____ DATE: _____

15722 E. Kenabeck Trail
Cuba, IL 61427
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Fax: 309-789-6209



Wee-Ma-Tuk
Hills

Get Away to Wee-Ma-Tuk!