

**GOLF PARTNERS INC.**  
*dba*  
**WEE-MA-TUK HILLS COUNTRY CLUB**  
**15722 E. KENABECK TRAIL**  
**CUBA, ILLINOIS 61427**  
**(309) 789-6207 / 789-6208      FAX (309) 789-6209**  
**www.wmtcc.com**

**2010 MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

SPOUSE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILDREN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

SPONSOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MEMBERSHIP CLASSIFICATIONS:**

1. REGULAR (\$1,500.00 ANNUALLY/\$125.00 MONTHLY) \_\_\_\_\_

2. SINGLE (\$1,380.00 ANNUALLY/\$115.00 MONTHLY) \_\_\_\_\_

3. JUNIOR (\$960.00 ANNUALLY/\$80.00MONTHLY) \_\_\_\_\_  
**29 & UNDER**

4. SENIOR (\$1,344.00 ANNUALLY/\$112.00 MONTHLY) \_\_\_\_\_  
**60 & OVER**

5. SINGLE SENIOR (\$1,260.00 ANNUALLY/\$105.00 MONTHLY) \_\_\_\_\_

6. NON-RESIDENT (\$1,290.00ANNUALLY/\$107.50 MONTHLY) \_\_\_\_\_  
**25 MILES BEYOND WEE-MA-TUK**

7. SOCIAL (ANNUAL \$150.00) \_\_\_\_\_ **INCLUDES DINING ONLY (ONE-TIME BILLING)**

8. SOCIAL EXTENDED (ANNUAL \$400.00) \_\_\_\_\_ **INCLUDES DINING, POOL, & FISHING (ONE-TIME BILLING)**

9. DIRECT PAYMENT DATE: \_\_\_\_\_ 10<sup>TH</sup> OF EVERY MONTH      \_\_\_\_\_ 25<sup>TH</sup> OF EVERY MONTH

**CONTRACT:.**

1. I HEREBY UNDERSTAND THAT I SHALL BE RESPONSIBLE FOR AT LEAST 12 MONTHS DUES.
2. I UNDERSTAND AND AGREE THAT MY PRIVELEGE 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 GUESTS.
4. I ALSO UNDERSTAND THAT TO DISCONTINUE MY MEMBERSHIP (AFTER 12 MONTHS) I MUST PRESENT OR SEND NOTICE IN WRITING TO THE OFFICE.
5. ACCOUNTS WILL BE DEBITED ON THE 10<sup>TH</sup> OR 25<sup>TH</sup> OF EVERY MONTH.
6. 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.
7. ALL CHILDREN OVER THE AGE OF 18 MUST PROVIDE PROOF OF FULL-TIME COLLEGE HOURS TO QUALIFY TO BE INCLUDED ON A FAMILY MEMBERSHIP.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_