

LAKE BRACKEN COUNTRY CLUB  
1036 SUNNY KNOLL DRIVE  
GALESBURG, ILLINOIS 61401

Membership Classification \_\_\_\_\_ Application

I, \_\_\_\_\_, do hereby make application for membership at The Lake Bracken Country Club (Club). If approved as a member, I agree to pay such initiation fees, annual dues and other charges as allowed or provided for by the Constitution and Bylaws of the Club, and to abide by all rules and regulations of the Club.

It is understood and agreed, generally, that the undersigned, if approved for membership, shall have the privileges accorded other members of like classification, description of which is set forth in detail on the "Statement of Membership, Fees and Dues" attached hereto, and by this reference made a part hereof.

I also agree that if legal action must be taken to collect any fees or charges to my account, I will be liable for all reasonable legal fees and court costs associated with such action. I understand and accept the terms of this agreement.

Factual Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Spouse/Other Name: \_\_\_\_\_ Employment Spouse/Other: \_\_\_\_\_

Birth date of Member: \_\_\_\_\_ Birth date of Spouse/Other: \_\_\_\_\_

If new homeowner property address: \_\_\_\_\_ Closing date: \_\_\_\_\_

List all dependents who qualify under the membership applied for and if over age 18 list college along with a copy of a current school schedule.

Child Name	Birthdate	College
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recommended by member in good standing: \_\_\_\_\_ Past Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

I agree not to use the Club facilities until membership is approved by the Board of Directors, and I certify that the information provided above is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

----- Club Use Only ----- Please Do Not Write Below This Line -----

Approved date: \_\_\_\_\_ Membership Committee Chair: \_\_\_\_\_

New member notification date: \_\_\_\_\_ Amount attached: \$ \_\_\_\_\_

The Lake Bracken Board of Directors has the right to perform a background/credit check on any applicant they deem necessary. A copy of applicant's and spouse's Driver's License or State ID, first months payment, & improvement fee (if past May 1<sup>st</sup>) is required with application.