



Membership Application

Membership Type (check one): Regular Associate Junior Social

Name: _____ Mr. Mrs. Ms.
 First **Middle** **Last**

Title: _____
 Dr., Judge, Etc...

Date of Birth: MM/DD/YYYY Place of Birth: _____

Marital Status (check one): Married Single Divorced

Addresses: (Please indicate with an (x) where you would like mail delivered)

Residence:

 Street

 City **State** **Zip**

Business:

 Name of Business **Position Held**

 Street

 City **State** **Zip**

Education: _____

Phone: Cell # _____ Home # _____ Business # _____

Email: Personal _____ Business _____

HAS THE APPLICANT OR SPOUSE EVER BEEN SUSPENDED OR DROPPED FROM MEMBERSHIP IN ANY CLUB? YES NO

IF YES, PLEASE GIVE DETAILS _____

IF APPLICANT HAS RESIDED IN THE PEORIA AREA FOR LESS THAN FIVE YEARS, PLEASE ANSWER THE FOLLOWING:

Former Residence: _____

Years Residing: _____

LIST CLUBS, SOCIETY, PROFESSIONAL AND TRADE ASSOCIATIONS AND OTHER ACTIVITIES:

SPONSOR'S PERSONAL EVALUATION OF APPLICANT:

(Include number of years applicant has been known to you. Use back of application if necessary)

Signature of Sponsor & Member # _____

Printed Signature of Sponsor & Member # _____

Date _____

TERMS & CONDITIONS:

I hereby certify that all the information provided by me is accurate to the best of my knowledge and it is understood that the giving of false information and misrepresentation shall constitute grounds for expulsion from my membership.

I agree to abide by all of the Bylaws, Club Constitution, Rules & Regulations of the Country Club of Peoria now in effect, and which may hereafter be prescribed for the regulations, guidance, and fixing the rights, benefits, and privileges of its members.

Signature of Applicant

Printed Signature of Applicant

Date

4700 N. Grandview Drive | Peoria Heights, IL 61616

CCofPEORIA.ORG