

181 Grossheim Road  
Apollo, PA 15613

# Willowbrook Country Club

## Golf Membership Application

Office: 724-727-3441

	<u>Monthly Dues</u>	<u>F&amp;B Minimum</u>	<u>Applying For</u>
Full Single *	\$295	\$65	_____
Full Family *	\$382	\$80	_____
Associate Single	\$330	\$65	_____
Associate Family	\$417	\$80	_____
Single Executive I (Age 21-25)	\$139	\$35	_____
Single Executive II (Age 26-30)	\$189	\$45	_____
Single Executive III (Age 31-35)	\$245	\$55	_____
Junior Membership (Under 21)	\$700/Yearly (One-time payment in full) No F&B Minimum		

\* \$1,100 Initiation Fee required for Full Membership.

**Note:** All Memberships are subject to a \$30 Monthly Capital Fund Fee + \$28 Yearly USGA Handicap Fee

Were you a member at a prior club? If so, please name club \_\_\_\_\_

How did you hear about Willowbrook: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City & Zip Code \_\_\_\_\_ Own/Rent \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address & Phone # \_\_\_\_\_

Model & Color of Vehicle \_\_\_\_\_ License Plate # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children's Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

Children's Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

A copy of your current driver's license is required with your signed application.

I/We have read and signed Page 2 and hereby agree to the terms and conditions of this contract.

**Willowbrook Country Club Golf Membership Agreement** (page 2 of 2)

1. I understand that all Rules, Policies, and Procedures are available both on the Club's website and from the business office and it is my responsibility to read this membership information and abide by all such regulations.
2. **Memberships** - I understand that all memberships are on a basis called a membership year which runs from the first day of the month this application is approved until June 30<sup>th</sup> of the next year and my membership shall continue from year to year (July 1 to June 30) except upon termination by action and notice of the Board of Directors or resignation as provided by the By-Laws, Rules, and Regulations of the club. I have been duly informed that resignations are effective only at the end of my membership year (June 30<sup>th</sup>).
3. **One-Year Exemption:** During my first membership year, my membership is exempt from any assessments levied by the Board of Directors.
4. My signature below is evidence that I understand I am subject to all terms and conditions of the By-Laws, Rules, and Regulations of the Club as well as any resolutions passed by the Board of Directors. I hereby agree that I am liable for dues, assessments (if applicable), and all Clubhouse and Pro Shop charges in my membership period. I also understand that violations of any rules or regulations may subject me to disciplinary measures through formal Board actions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (applicable for Family Memberships only)

\_\_\_\_\_  
Date

**For Club Use Only:** Membership # \_\_\_\_\_ Classification \_\_\_\_\_

Date Approved by the Board of Directors \_\_\_\_\_

Approval by the Board of Directors constitutes a binding agreement between Willowbrook Country Club and the Applicant.

(revised March 1, 2024)