

Willowbrook Country Club

DINING Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birth Date: ____ / ____ / ____

Emergency Contact: _____ Phone: _____

* Annual Membership Fee: \$10

* Restaurant dining for one year (12 months) from the Date application is signed.

* Members are required to pay cash or use a debit/credit card. No account charging permitted.

* No Tri-County privileges are associated with this membership

[OFFICE USE ONLY]

Payment Date: _____ Payment Method: Cash Check CC