

# 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 ☐