Willowbrook Country Club

JUNIOR Membership Application

Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birth Date: ____/____/____

Emergency Contact: _____ Phone: _____

Signature of Junior Member: _____ Date: _____

* Annual Membership Fee: $750 (payable in full at time of joining)
* Membership year is 12 months from the date application is approved.
* Membership Includes: Access to Clubhouse, Driving Range and Practice Facilities
* Tee times are subject to the discretion of our Golf Professional.
* No food or beverage minimum requirement
* This application requires a credit card to be kept on file. Applicants under age 18 must provide a parent's credit card.

PARENT Information
Complimentary DINING Membership

Parent Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birth Date: ____/____/____

I/We hereby agree that I/We are liable for all charges made by the Junior member above.

Signature of Parent: _____ Date: _____

[OFFICE USE ONLY]
Payment Date: _____ Payment Method: Check ☐ CC ☐