

Willowbrook Country Club

SOCIAL Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birth Date: ____/____/____

Emergency Contact: _____ Phone: _____

* Annual Membership Fee: \$65

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

* Eligible to play one round of golf per month, current greens fees and cart fees apply.

* Annual Food & Beverage Minimum: \$500

[OFFICE USE ONLY]

Payment Date: _____ Payment Method: Cash ☐ Check ☐ CC ☐