

**HILLCREST COUNTRY CLUB**  
**Membership Application**

To the Board of Directors:

I hereby apply for membership at Hillcrest Country Club:

Full name of applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Statement address: Home \_\_\_\_\_ Business \_\_\_\_\_

Birth Date: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Type of Membership: Family \_\_\_\_\_

Single \_\_\_\_\_

Junior \_\_\_\_\_

Social \_\_\_\_\_

If family membership, please list names of spouse/significant other and/or children who will play under this membership:

N a m e

B i r t h   D a t e

Spouse/SO: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon acceptance of this application for membership at Hillcrest Country Club, I agree by signature below to conform to the by-laws and abide by the rules and regulations of the Club. I also agree to pay all dues, taxes, and any other legitimate charges assessed to my account. I acknowledge that my membership can be terminated by me or by action of the Board of Directors.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Email or mail application to: [Clubhouse@hccadel.com](mailto:Clubhouse@hccadel.com)

Hillcrest Country Club  
27749 Prospect Avenue  
Adel, IA 50003