

**HILLCREST COUNTRY CLUB**  
*"Where every round is your best round!"*

To the Board of Directors:

I hereby apply for the following classification of membership at Hillcrest CC:

Full \_\_\_\_\_ \$1139.50 Social \_\_\_\_\_ \$106, Junior \_\_\_\_\_ \$318, Family Junior \_\_\_\_\_ \$159.

All listed fees include tax. Payment options available from Club Manager. Please check one.

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.

Full name of candidate: \_\_\_\_\_

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

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

Home Phone: (    ) \_\_\_\_\_, Business: (    ) \_\_\_\_\_

Place of Business: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Statement address: Home \_\_\_\_\_, Business \_\_\_\_\_. Please check one.

Are you 21 or older: Yes \_\_\_\_\_, No \_\_\_\_\_. Please check one.

Marital Status: Married \_\_\_\_\_, Single \_\_\_\_\_. Please check one.

List names of spouse and/or children who will play under this membership:

Spouse: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please list birthdates of children)

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

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

Mail application to: Hillcrest Country Club  
27749 Prospect Avenue  
Adel, IA 50003