METROPOLIS COUNTRY CLUB
MEMBERSHIP APPLICATION

Membership type: _____ Active
_____ Social
_____ Junior

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Spouse's name: _____

Children's name & birthdate: _____

_____

Employer: _____

Applicant signature: _____

Application Date: _____

Recommendation required from two active members:

1) _____

2) _____

I understand that as a member of Metropolis Country Club I am subject to the by-laws of the organization. I further agree to pay my dues and fees promptly upon receipt of notice.

Dues are billed quarterly, payable in advance.

Mail this application to : **Metropolis Country Club**
P.O. Box 627
Metropolis, IL 62960