

Maple Lane Country Club Membership Application

Name of Applicant		
Address		
City, St Zip		
Phone:		
Email:		
Member Recommendati	ons (Need two Signatures from current members – Board Members excluded)	
Names of Family Memb	?rs:	
Spouse		
Children & Ages		
Where you referred by a	current member? If so please provide their name	
Signature of Applicant		
	at the time of application submission. If membership is declined on either re the time of membership vote, the initiation fee will be returned to applican	t.
Drop this application off	at Maple Lane Country Club or mail to:	

Maple Lane Country Club

PO Box 222

Elmwood, IL 61529