

**METROPOLIS COUNTRY CLUB  
MEMBERSHIP APPLICATION**

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Membership type:                    \_\_\_\_\_ Active  
   \_\_\_\_\_ Social  
   \_\_\_\_\_ Junior

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Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Children's name & birthdate: \_\_\_\_\_

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Employer: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

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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**