



Invitation for Membership

Janesville Country Club

2615 West Memorial Drive ~ Janesville, WI 53548
(608) 755-7777 Phone ~ (608) 755-7779 Fax

Member Name:		Membership Effective Date:	
Membership Type: Full Privilege Membership <input type="checkbox"/>		Social Membership <input type="checkbox"/>	
Includes Golf Course Access		Includes Everything except Golf Course	
Preferred Manner of Billing Dues: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually (includes a pre-payment incentive)			
Street Address:			
City:	State:	Zip:	
Home Phone: ()		Cell: ()	
Email:			Date of Birth:
Business/Employment Name:			
Business Phone: ()			
Business Address:			
City:	State:	Zip:	

Spouse/Significant Other's Information:

Name:		Date of Birth:	
Email:		Cell: ()	
Business/Employment Name:			
Business Phone: ()			
Business Address:			
City:	State:	Zip:	

Children under the age of 21:

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Referring Member:

Agreement

If elected to membership, I agree to be bound by the by-laws, rules and regulations of the Janesville Country Club. Janesville Country Club reserves the right to do financial background checks for credit purposes. I understand that membership in the Janesville Country Club continues from year to year unless a letter of resignation is received in the club office by April 15th. I am aware that a member who fails to resign by April 15th becomes obligated for any dues, fees, charges, or assessments for the remainder of the current calendar year.

Signature	Date
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