



Monticello Golf Club



Application Class D Social Membership

Name: _____ Spouse: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email(s): _____

Employer(s) & Business Phone: _____

Dependent Children (Names/Ages): _____

*Please note – It is the sole responsibility of the applicant(s) to keep the contact information accurate and current.

Social Membership Annual Fee - \$300.00-Plus required to meet a monthly minimum spending of \$50 a month in the clubhouse. *NOTE: Membership is not valid or active unless approved by MGC Board of Directors. You will be notified of the **Board's decision.***

Sponsorship: The two Monticello Golf Club Members below do hereby recommend the above applicant(s) for Social Membership to the Monticello Golf Association. *Two Monticello Golf Club Members are required unless applicant is on MGC Golf Membership Wait List.*

Name (printed): _____ Name (printed): _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Received by Membership Chairman: _____ Date: _____

Board Approval Date: _____

Board President: _____

Note: Social Membership entitles the applicant to utilize the MGC Clubhouse facilities, food service and bar. Social Membership *does not* include any golfing privileges.

Please submit your application with payment to the MGC Clubhouse or mail to:

Monticello Golf Club
Attn: Membership Chairman
PO Box 416
Monticello, IL 61856