



PO BOX 463 Monmouth, IL 61462

APPLICATION FOR ASSOCIATE MEMBERSHIP

Applicants Name(s) _____

Legal Name: _____

Address: _____ City/State: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Primary Email Address: _____

Employer: _____ Phone Number: _____

Driver's License Number: _____ Previous Member? _____ Year

Spouse Legal Name: _____

Employer: _____ Phone Number: _____

Driver's License Number: _____ Previous Member? _____ Year

Children residing in home or in school:

_____	Age: _____	_____	Age: _____
_____	Age: _____	_____	Age: _____
_____	Age: _____	_____	Age: _____

Sponsors: Signatures by two current members of Lake Warren and are not covered under the same membership. (In case of a lease transfer or sub-lease a sponsor may not be the lessee.)

1) _____ Phone Number: _____

2) _____ Phone Number: _____

Please return or mail the membership application with a check for \$165.00 for Membership Dues to the corporate office 10 days prior to the scheduled monthly meeting (held on the 2nd Wednesday evening at 7PM of each month except the November annual meeting). Meetings are held at the Security Savings Bank, 220 East Broadway, Monmouth IL. A representative of the Membership Committee will contact you prior to the meeting to discuss the Hickory Grove By-Laws and considerations for approval. Your presence **will then be required** at the monthly meeting for confirmation. Background checks may be performed.

Unapproved applications will be returned to applicants along with refunded application fees.

I (We) the undersigned have read and do understand the By-Laws of Hickory Grove Lake Company and hereby agree to follow the By-Laws if membership is approved.

Applicant Signatures: _____

Application approved this _____ day of _____, _____

Corporate Office: 245 Lake Warren Drive Monmouth Il, 61462
Tuesday and Thursday 1-4 pm 309-734-3894
Lake Secretary: Bob Shimmin 309-337-9448