

PO BOX 463 Monmouth, IL 61462

APPLICATION FOR SHAREHOLDER MEMBERSHIP

(All information required) Applicants Name(s)				
Legal Name:		SS	5N	
Address:	City	//State/Zip:		
Primary Phone Number:		Alternate Phone Number:	Alternate Phone Number:	
Primary Email Address:		D	OB	
Employer:		Phone Number:		
Driver's License Number:		Previous Member?	Year	
Spouse Legal Name:		SS	5N	
Primary Email Address:		Di	DOB	
Employer:		Phone Number:		
Driver's License Number:		Previous Member?	Year	
Children residing in home under age 21 years (see By Laws Article	11, V.):		
Sponsors: Signatures by two current members transfer or sub-lease a sponsor may not be the	Age: Age: of Lake Warren ar		Age: Age:	
1)		Phone Number:		
2)				
Please return or mail the membership application w corporate office 10 days prior to the scheduled mon November annual meeting). Meetings are held at th Membership Committee will contact you prior to the presence will then be required at the monthly meet Unapproved applications will be returned to applica I (We) the undersigned have read and do under By-Laws if membership is approved.	ith a check for \$265. thly meeting (held on the Security Savings Base the meeting to discuss ting for confirmation that along with refund rstand the By-Laws	00 for Membership Dues plus a \$20.00 in the 2 nd Wednesday evening at 7 PM ank, 220 East Broadway, Monmouth II the Hickory Grove By-Laws and consider Background checks will be performed ded application fees.	of each month (except the L. A representative of the derations for approval. Your d.	
Application approved this	day of			

Corporate Office: 245 Lake Warren Drive Monmouth Il, 61462

Tuesday 1-4 pm and Thursday 1-4 pm

Office Phone: 309-734-3894