



# Village Field Club

**P O Box 477  
LaGrange, IL 60525**

*Members of the Inter-Suburban Swim Conference*

## **Application for Membership in the Village Field Club**

I hereby apply for membership in the Village Field Club (VFC) of LaGrange Park, Illinois.

Attached is my check for **\$50.00** in payment of the Application Fee. I understand that this fee is non-refundable once my application has been approved by the Board of Directors and I have been offered membership or placed on the waiting list. The Application Fee will be refunded only if I withdraw my application before the Board of Directors acts on it or in the event my application is not accepted. This Application Fee is not applied toward the Membership Fee or Annual Dues.

Upon acceptance of my application, I agree to pay a one-time, nonrefundable Membership Fee in the amount of \$400.00. I agree to pay the Membership Fee within ten (10) days after the date I receive notice of acceptance.

I agree to pay Annual Membership Dues and special assessments as determined by the Board of Directors pursuant to the VFC bylaws, for operation and maintenance of the Club.

I agreed to abide by the Bylaws of the VFC and also by the Rules and Regulations promulgated by the Board of Directors pursuant to the Bylaws. I have read and understand this document, and I agree that it constitutes the whole agreement between the parties, and can be changed only in writing signed by the President of the VFC.

Signed and dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Signature of Applicant

Applications are considered in the order received by the VFC. Order of receipt is determined by postmark. Final acceptance is determined by the Board of Directors.

Applicant Information: Please list below **ALL** persons related to the Applicant and permanently residing in the residence of the Applicant :

Full Name	Birth Date	Relationship
1		Applicant
2		
3		
4		
5		
6		
7		
8		

The person named on the membership certificate is the Certificate Owner of the membership and must be an adult. Both spouses may be named as Certificate Owners. Please print the name or names of the Certificate Owners below.

**Name of Certificate Owner(s):**

**Address:**

**City:**

**Zip:**

**Email Address:**

**Phone: Home:**

**Work:**

**Emergency:**

**Employer/Occupation:**

**Member Reference:**

**FOR BOARD OF DIRECTORS USE ONLY:**

**Accepted by Board of Directors**

1

2

3

4

5

Application Fee:

Membership Fee:

Membership Number::

Annual Dues:

Total Paid:

Date:

**Mail this application and the application fee to:**  
Village Field Club, PO Box 477, LaGrange, Illinois 60525