



**Village Field Club
P.O. Box 477
La Grange, IL 60525**

Members of the Inter-Suburban Swim Conference

Application for Membership in the VFC

I hereby apply for membership in the Village Field Club (VFC) of La Grange 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 **\$600.00**. 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 agree 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 _____, 20____

Signature of Applicant

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

Membership details and contact information:

Primary Account Name: _____

Mailing Address: _____

City: _____ State: IL Zip: _____

Phone: _____ Alternate Phone: _____

Employer/Occupation: _____

Member Reference (if any): _____

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

Full Name:	Date of Birth:	Relationship to Applicant
1.		Applicant
2.		
3.		
4.		
5.		
6.		
7.		
8.		

FOR BOARD OF DIRECTORS USE ONLY:		
Accepted by the Board of Directors		
1.		
2.		
3.		
4.		
5.		
Application Fee: \$50.00	Membership Fee: \$600.00	Annual Dues: \$_____.00

Mail this application along with a check for \$50.00 to: VFC, P O Box 477, Lagrange IL 60525
Or scan and email to Membership@VillageFieldClub.com.