



Membership Application

(Mrs.) (Mr.) (Miss) (Mr.) Last Name First Name

Spouse's Name (if applicable)

Address

City/State Zip Code

Telephone (Home) (Cell) (Office)

E-mail

Preferred Committee

Signature of Applicant

Date Birthday (Month/Day only)

Referred by (if applicable)

Credit Card # Expiration Date Security Code

Visa/Mastercard/Discover (circle one) Amount to be Charged: _____

\$110 Individual; \$140 Family; \$250 Sustaining (circle one)

Yearly Dues are payable by June 1

All Dues and Fees Subject to change

Mail completed application and check or credit card info to:

The Winnetka Club

P.O. Box 529, Winnetka, IL 60093

847-446-1830