

# 2009 Weekday Membership Application

Must Complete Form in Full Below: \_\_\_\_\_

Name of Pass Holder: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Pass Holder Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_

(2009 Weekday Membership) Type of Season Pass:

(Please Check Appropriate Option)

Individual: \_\_\_\_\_ \$1,200.00

Husband / Wife: \_\_\_\_\_ \$2,200.00

Pass Holder Number: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Thank You For Your Patronage!

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Joseph A. Petrungaro G.M. Fox Lake C.C.