

**PRIVATE CLUB APPLICATION FOR ANNUAL NON-VOTING MEMBERSHIP RENEWAL**

**Mail application with payment to:**

Stonehenge Golf Club  
27250 W IL-22  
Barrington, IL 60010

I hereby tender my renewal application for my non-voting membership for the 2024 golf season in accordance with and subject to the Stonehenge Golf Club membership rules and regulations. I agree to pay the nonrefundable membership fee listed below. Family memberships include your spouse/partner as well as any children ages 9 to 24 who reside with you. I further agree that my membership may be canceled at any time, that I will abide by the rules and regulations designated by the course owner, and that I will be responsible for any green fees and cart rental fees established by the owner of the course at the time of play.

Choose Membership Type

- \$350.00 INDIVIDUAL MEMBERSHIP
- \$450.00 FAMILY MEMBERSHIP

MEMBER NAME \_\_\_\_\_

- \$55.00 CDGA Handicap Renewal

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SPOUSE/PARTNER NAME (if applicable) \_\_\_\_\_

PHONE NUMBER (optional) \_\_\_\_\_

SPOUSE/PARTNER EMAIL ADDRESS \_\_\_\_\_

- \$55.00 CDGA Handicap Renewal

CHILDREN'S NAMES & AGES

Child 1 Name \_\_\_\_\_ Age \_\_\_\_\_

Child 2 Name \_\_\_\_\_ Age \_\_\_\_\_

Child 3 Name \_\_\_\_\_ Age \_\_\_\_\_

Additional Notes: