

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 2026 golf season in accordance with and subject to the Stonehenge Golf Club membership rules and regulations. I agree to pay the non-refundable membership fee listed below. Family memberships include your spouse/partner as well as any children ages 9 to 24 who reside with you. Children under the age of 9 are not permitted on the course. 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

- ☐ \$400.00 INDIVIDUAL MEMBERSHIP
☐ \$500.00 FAMILY MEMBERSHIP

MEMBER NAME _____

- ☐ \$60.00 CDGA Handicap Renewal

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

SPOUSE/PARTNER NAME (if applicable) _____

PHONE NUMBER (optional) _____

SPOUSE/PARTNER EMAIL ADDRESS _____

- ☐ \$60.00 CDGA Handicap Renewal

CHILDREN'S NAMES & AGES (Children under 9 yrs will not be permitted on the course.)

Child 1 Name _____ Age _____

Child 2 Name _____ Age _____

Child 3 Name _____ Age _____

Additional Notes: