

LAKE BARRINGTON SHORES GOLF CLUB

2022 MEMBERSHIP APPLICATION

Member # _____ Name _____ Spouse _____

Mailing Address: _____ City & State _____

Zip _____ Home Phone _____ Cell _____

E-mail: _____

Valid Credit Card (Print Clearly): Type _____ Exp. Date _____

Security Code _____ CC# _____

<p>Unlimited Membership (LBS Resident 5% Discount)</p> <p>Single \$3,200</p> <ul style="list-style-type: none">• Unlimited Golf, cart included, one tee time per day• 14 day advance tee times	<p>Silver Membership (LBS Resident 5% Discount)</p> <p>Single \$500 Couple \$900</p> <ul style="list-style-type: none">• Discounted rates• 14 day advance tee times
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I hereby make application for membership (select either Unlimited or Discount) _____ at Lake Barrington Shores Golf Club. If approved, I agree to comply with the attached 2022 Rules & Regulation.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____



Lake Barrington Shores Golf Club

40 Shoreline Rd, Barrington, IL 60010

847-382-4240 ext 16

www.lbsgolf.com

E-mail to gmlbsgolf@gmail.com or Fax to 847-382-4319