



# HIDDEN TRAILS

C O U N T R Y C L U B

## MEMBERSHIP APPLICATION

### PERSONAL INFORMATION

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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Marital Status:  Single  Married  Other \_\_\_\_\_ Referred by \_\_\_\_\_

### EMPLOYMENT INFORMATION

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Business Name \_\_\_\_\_ Years of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

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Business Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### SPOUSE INFORMATION

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Business Name (Complete for Work Outside the Home) \_\_\_\_\_ Years of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

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Business Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## DEPENDENT INFORMATION

for Under 25 Years of Age

Name	Date of Birth	Sex	Charge Privileges	
_____		M F	Yes	No
_____		M F	Yes	No
_____		M F	Yes	No
_____		M F	Yes	No

## MEMBERSHIP COMMUNICATION

I would prefer newsletters and general club information be sent to my:  Home  Business

I would prefer my monthly billing statements be mailed to my:  Home  Business

To receive email and text message updates, please check this box.

I am applying for membership in the following category:

Family Associate \$325 |  Individual Associate \$280 |  Social \$115

\$ <input type="text" value="\$500"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Initiation Fee +	Dues +	Pre-Paid (if applicable) =	Total w/ Tax

A 15% service charge on all food and beverage purchases will be added.

## AUTOMATIC PAYMENT INFORMATION

I, the undersigned card holder, authorize all charges and fees be posted to my credit card account and signing up for auto pay, my statement will be emailed and payments processed on the 1st of each month.

Please Check One:  MasterCard  Visa  American Express

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Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code \_\_\_\_\_

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Please Print the Name on the Card \_\_\_\_\_

I, the undersigned card holder, authorize all charges and fees be posted to my bank account.

## MEMBERSHIP AGREEMENT

We/I agree to remain a member in good standing for a minimum of one (1) or two (2) year(s), requiring payment of one (1) or two (2) year(s) dues and any assessments to Hidden Trails Country Club before this agreement can be terminated.

Leave of Absence will not be available until Hidden Trails Country Club has received one (1) or two (2) full year(s) dues, including any assessments.

If this application is accepted, it is understood that the membership shall be a continuing membership, automatically renewable from year to year unless terminated by either party with thirty (30) days written notice prior to anniversary date.

All dues and charges are due and payable through your termination date. Charges include, but are not limited to, any assessments and any purchases made.

## GUARANTEE OF PAYMENT

***On or about the first day of each month*** a statement will be emailed to each member indicating all dues, fees and usage of the facilities and services. A member may also request to have their statement mailed to their home or business. ***Member accounts will be automatically charged the card on file*** unless prior arrangement has been made with Director of Finance, and must be paid in full on or before the tenth (10) day of the month of the statement. When the account of any member has not been paid in full by the twentieth (20) day of the billing month, a \$35 late fee will incur. If a member has not paid their statement by the twentieth (20) of the month, the business office will make an attempt to contact the delinquent member by telephone informing them of the past due amount. The business office will send a letter stating that the account is delinquent and that if the past due amount has not been satisfied by the end of the month following the billing month (60 days), an additional \$35 late fee will incur and the member's Hidden Trails charging privileges will be withheld for such member, its spouse, any eligible child and any corporate delegates. If the account remains delinquent by the last day of the following month (90 days), the business office will send a letter stating that the membership of that member will be terminated, and the account will be forwarded to a collection agency.

## CREDIT HISTORY AND PERSONAL BACKGROUND

It is agreed and understood that Hidden Trails Country Club is authorized to inquire about my credit rating, promptness of payment, or any other data regarding my credit history and conduct a background check to verify my general reputation and that of all members of my family.

## BY-LAWS, RULES AND REGULATIONS

It is agreed that all persons using this membership are bound by and shall comply with all by-laws, rules and regulations of Hidden Trails Country Club.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Membership Number \_\_\_\_\_

- I have submitted a valid copy of a driver's license.
- I have received my Club Rules and Regulations.