

Splash Membership

2022

Welcome to our new and improved seasonal pool membership we call SPLASH! This new membership includes **ALL** of the privileges afforded a regular Social member at Houndslake CC.

These include the following:

- Guests are allowed. \$5.00 fee for each guest
- Dining privileges at Pub and Dining room
- Reduced rates on golf
- Net Center privileges with court fees
- **\$275** plus tax

Splash Membership # _____

HOUNDSLAKE COUNTRY CLUB MEMBERSHIP APPLICATION
PERSONAL INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Date of Birth: ____/____/____

Please provide email address for monthly statements and email blasts for Events

EMAIL: _____

SPOUSE/SIGNIFICANT OTHER INFORMATION

Name: _____

EMAIL: _____ Primary Phone: _____

DEPENDENT INFORMATION

Unmarried Dependent Children 22 years of age and under and living at home or attending college full time without a separate source of income are eligible for membership privileges.

Name(s)	Date of Birth	Sex	Charge Privileges
_____	____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

Applicant Signature: _____ Date: _____

Spouse/Significant Other Signature: _____ Date: _____

Credit Card Authorization Form

Please complete all fields. By signing the form, I authorize Houndslake Seawell Golf Company LLC
(aka Houndslake Country Club) to debit my account for my monthly dues, as well as any charges
made to my account.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV2 (3 digit code on back or 4 digit on front for American Express) _____
Cardholder Billing Address : _____

I, _____, authorize to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

*Card Holder Signature**Date*

By signing this form, I authorize the above-named business to charge my credit card indicated in this authorization form. I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable.