

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: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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

Membership Level \_\_\_\_\_ Monthly dues including taxes \$ \_\_\_\_\_

Six-month commitment is required. Month to month after six months. Monthly dues are subject to 5% admissions tax.

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.*