

FOR OFFICE USE ONLY

Name (s): \_\_\_\_\_ Date: \_\_\_\_\_

Classification: \_\_\_\_\_ Member #: \_\_\_\_\_

Approved and Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing**

Initiation Fee Paid: \$ \_\_\_\_\_ Type of Payment: \_\_\_\_\_

Dues Paid (M or A): \$ \_\_\_\_\_ Type of Payment: \_\_\_\_\_

Amenities and Services: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Type of Payment: \_\_\_\_\_

\_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Type of Payment: \_\_\_\_\_

\_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Type of Payment: \_\_\_\_\_

**New Member Check List**

- ◇ Order Membership Card (s)
- ◇ Import to Constant Contact
- ◇ Make Member File
- ◇ Copy for MAC File
- ◇ Member Incentive Gift Certificate to: \_\_\_\_\_
- ◇ Credit Card Added to Automatic Draft if Desired: \_\_\_\_\_

**Additional Remarks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Houston Lake Country Club

## Membership Application

PLEASE PRINT ALL  
INFORMATION  
REQUESTED  
EXCEPT SIGNATURE

100 Champions Way  
Perry, GA 31069  
478.218.5253

OFFICE USE ONLY  
Date Received:  
  
Reviewed By:

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mr.  Mrs.  Other: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street City State/Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Employed By: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street City State/Zip

Business Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Spouse Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mr.  Mrs.  Other: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street City State/Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Employed By: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street City State/Zip

Business Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Dependent Information** *(Unmarried children, 25 years of age and under)*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

**Type of Membership**

Golf Memberships

- Golf
- Senior Golf *(60 years of age and older)*
- Intermediate Golf *(Under 40 years of age)*
- Non-Resident Golf *(Outside 25 miles radius)*
- Military/Public Safety Golf *(Active duty military or public safety)*
- Military/Public Safety Intermediate Golf *(Active duty military or public safety, under 40 years of age)*



Social Memberships

- Social
- Intermediate Social *(Under 40 years of age)*
- Non-Resident Social *(Outside 25 miles radius)*
- Military/Public Safety Social *(Active duty military or public safety)*
- Military/Public Safety Intermediate Social *(Active duty military or public safety, under 40 years of age)*

Pool and Corporate Memberships

- Pool *(Seasonal)*
- Corporate Social
- Corporate Golf

**Amenities and Services**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Handicap                | <input type="checkbox"/> Cart Cover Storage      | <input type="checkbox"/> Pull Cart Storage |
| <input type="checkbox"/> Half Size Locker        | <input type="checkbox"/> Full Size Locker        | <input type="checkbox"/> Bag Storage       |
| <input type="checkbox"/> Range Plan-Single       | <input type="checkbox"/> Range Plan-Couple       | <input type="checkbox"/> Range Plan-Family |
| <input type="checkbox"/> Annual Golf Cart Single | <input type="checkbox"/> Annual Golf Cart Couple |  |

**If you would like more information regarding:**

- ◇ Men's or Ladies Golf Assoc., Golf Lessons, Couples Golf League, or Junior Golf Programs, please contact the Pro Shop at 478.218.5252.
- ◇ Catering Service, Meeting Rooms, or Banquet Facilities, please contact the Dining Room at 478.218.5254.
- ◇ Swimming Lessons or Pool Parties, please contact the Office at 478.218.5253.

**Membership Sponsor** *(All primary sponsors of new memberships will receive a member incentive. Sponsors are not required for membership approval.)*

Sponsor Name: \_\_\_\_\_ Sponsor Signature: \_\_\_\_\_

I hereby make application for membership at Houston Lake Country Club "the Club" and agree that if accepted for membership, I will abide by all rules and regulations promulgated by the Club and amended from time to time in the future. Further, I acknowledge that I am responsible for all charges and fees incurred by myself, my family members and guests and further acknowledge that the Club has the right to assess a 1-1/2% (18% annual) finance charge for any unpaid balance of my account. I hereby authorize the Club to perform a Credit Reference Check.

I hereby release and hold harmless Houston Lake Country Club and assume full and complete liability for any injury to myself, my family members or my guests by or through the use of the Club and club property and for any loss or damage to any personal property of mine, my family members or my guests. I acknowledge that as a member of Houston Lake Country Club, I will not have any proprietary interest in the assets of the Club or any portion thereof and have no equity or voting right.

I understand and agree that I will pay dues for no less than 12 consecutive months, either on a monthly basis or annually paid in advance. Annual renewals such as membership dues, annual cart fees, locker fees etc. are considered to automatically renew unless written notice is given to the Office Manager no less than 30 days prior to renewal.

I hereby acknowledge that in order to resign this membership I must give the Club a 30 day advance written notice and pay my account balance in full. I understand that I am responsible for all dues charged at the time of my resignation and that I will continue to be charged monthly dues until my account is paid in full.

All dues and fees paid in advance are non-refundable.

I acknowledge that in the event that my account becomes 60 days or more delinquent, the Club may transfer the balance of my account to the below credit card. I further acknowledge and agree that in the event any amount due hereunder must be collected by or through an attorney at law, that I will pay all costs of collection, including fifteen percent (15%) of the principal due as attorney's fees.

**Payment**

I prefer to pay:  Monthly  Annually  
 I would like my credit card to be automatically drafted the 5th of every month  Yes  No \_\_\_\_\_ Initials

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type:  Visa  MasterCard  AmEx CVV code on back: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All applications are subject to approval by the Membership Advisory Committee and Club Management. The Club reserves the right to approve or disapprove applications and may enforce a waiting period if deemed necessary.*