

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 tax \$**_____

Initiation Fee \$_____ **or Four Month Commitment** _____

Applicant Signature: _____ Date: _____

Spouse/Significant Other Signature: _____ Date: _____