



Hillsboro Country Club

P.O. Box 455

Hillsboro, TX 76645

254-582-8211



APPLICATION FOR MEMBERSHIP

Applicants Name: _____ Spouse's Name: _____

Physical Address: _____ Children Living at Home (23 or younger):

City _____ ST _____ ZIP _____ Name: _____ DOB: _____

Mailing Address: _____ Name: _____ DOB: _____

City _____ ST _____ ZIP _____ Name: _____ DOB: _____

Home Telephone: _____ Work Telephone: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Length of Employment: _____

Spouse's DOB: _____ E-Mail _____

Social Security #: _____ Driver's License #: _____

Membership Fees:

One Share of Stock (refundable)	\$250.00
First Month's Dues (includes tax)	\$119.08
TOTAL	\$369.08

My payment of \$ _____ is attached, which I understand will be returned if my application is not approved. If approved, I agree to pay the existing dues (currently \$110 per month, plus tax) or such dues as may be fixed by the board of directors together with any and all charges incurred by me, my family and guests.

By applying for membership, I agree to abide by all bylaws, policies, and rules set by the Board of Directors.

Applicant Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

HILLSBORO COUNTRY CLUB USE ONLY	Check # _____	Amount: _____	Date Received: _____
	Account# _____	Date Approved: _____	Approved By: _____
	Certificate# _____	Date Issued: _____	Issued By: _____