

Hillsboro Country Club
PO Box 455
Hillsboro, TX 76645
254-582-8211

APPLICATION FOR SOCIAL 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 _____

Email _____

Social Security # _____

Drivers License # _____

Membership Fees:

Deposit (Refundable)	\$100.00
Initiation Fee (Non-refundable)	150.00
First Month's Dues (Includes Tax)	<u>108.25</u>
TOTAL	\$358.25

My payment of \$358.25 is attached, which I understand will be returned if my application is not approved. If approved, I agree to pay the existing dues (currently \$100 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 _____