



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:** _____

Personal 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)	<u>\$151.55</u>
TOTAL	\$401.55

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 \$140 per month, plus tax) or such dues as may be fixed by the board of directors, together with any and all charges incurred by my, 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:** _____

HCC USE ONLY	Payment Type:	Amount:	Date Rec'd:
	Account#	Date Approved:	Approved By:
	Certificate#	Date Issued:	Issued By: