FOR OFFICE USE ONLY

Name (s):		Date:
Classification:	Member #:	
Approved and Processed By:		Date:
Billing		
Initiation Fee Paid: \$ Type	e of Payment:	
Dues Paid (M or A): \$ Type	oe 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		
♦ Received Payment		
♦ Welcome Call/Email		
♦ Member Incentive Gift Certificate to:		
♦ Credit Card Added to Automatic Dra	ft 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:

n 1	T	C		, •	
Personal	1	nto	rm	atio	n

ersonal informati			
irst Name:	Last Nam	e:	Middle Initial:
Mr. Mrs.	Other:		
Current Address:			
	Street	City	State/Zip
Home Phone #:		Cell Phone #:	·
irth Date:	·	-	
mployed By:		Position:	
business Address:			
	Street	City	State/Zip
susiness Phone #:		Email Address:	
pouse Information	n		
irst Name:	Last Nam	e:	Middle Initial:
Mrs. Mrs.	Other:	Anniversary:	
Current Address:			
	Street	City	State/Zip
Home Phone #:		Cell Phone #:	·
irth Date:	·	-	
mployed By:		Position:	
usiness Address:			
	Street	City	State/Zip
business Phone #:		Email Address:	

4

Dependent Information (Unmarried	children, 25 years of age and under)	
Name:	Birth Date:	Sex
		TTT
Type of Membership		
Golf Memberships		
Golf		
Senior Golf (60 years of age and old	ler)	
Executive Golf (includes intermedia	te, military, non-resident, public safety)	
Social Memberships		
Social		
Executive Social (includes intermedi	iate, military, non-resident, public safety)	
Pool and Corporate Memberships		
Pool (Seasonal)		
Corporate Social		
Corporate Golf		
Amenities and Services		
Handicap	Range Plan-Single	
Half Size Locker	Range Plan- Family	
Full Size Locker	Range Plan-Couple	
Annual Golf Cart Single	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 we	ill receive a member incentive. Sponsors are
not required for membership approval.)	
Sponsor Name: Sponsor Si	gnature:
I hereby make application for membership at Houston Lake Count membership, I will abide by all rules and regulations promulgated by	y the Club and amended from time to time in the
future. Further, I acknowledge that I am responsible for all charges are guests and further acknowledge that the Club has the right to assess unpaid balance of my account. I hereby authorize the Club	ss a 1-1/2% (18% annual) finance charge for any
I hereby release and hold harmless Houston Lake Country Club and	•
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 interes	st in the assets of the Club or any portion thereof
and have no equity or voti	ng right.
I understand and agree that I will pay dues for no less than 12 co	nsecutive months, either on a monthly basis or
annually paid in advance. Annual renewals such as membership dues	
automatically renew unless written notice is given to the Office N	
I hereby acknowledge that in order to resign this membership I must	
pay my account balance in full. I understand that I am responsible and that I will continue to be charged monthly due	
All dues and fees paid in advance ar	,
I acknowledge that in the event that my account becomes 60 days	
balance of my account to the below credit card. I further acknowledg	
under must be collected by or through an attorney at law, that I will	
(15%) of the principal due as at	
Payment	
I prefer to pay: Monthly Annually	
I would like my credit card to be automatically drafted the 5th of	of every month Yes No Initials
Credit Card #:	Exp. Date:
Type:	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.

2

3