



## Confidential Application for Club Membership

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If less than 3 years at above address, please list former address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

*For billing purposes, how would you prefer your monthly statement be delivered to you?*

1. E-mail: Personal E-mail Address  Business E-mail Address

2. Regular Mail: Home Address  Business Address

<i><b>Your Information</b></i>	<i><b>Spouse Information</b></i>
Date of Birth: _____	Date of Birth: _____
Personal E-mail: _____	Personal E-mail: _____
Wedding Anniversary: _____	
Interests (Please check all that apply): Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Pool <input type="checkbox"/> Swim Team <input type="checkbox"/> Fitness <input type="checkbox"/>	Interests (Please check all that apply): Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Pool <input type="checkbox"/> Swim Team <input type="checkbox"/> Fitness <input type="checkbox"/>
Profession: _____	Profession: _____
Company Name: _____	Company Name: _____
Business Address: _____	Business Address: _____
Business Phone: _____	Business Phone: _____
Business E-mail: _____	Business E-mail: _____

### *Children Using The Club*

Child #1 Name: _____	Interests (Please check all that apply)
Gender: (Male or Female)	Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Pool <input type="checkbox"/> Swim Team <input type="checkbox"/>
Date of Birth: _____	Fitness <input type="checkbox"/>

Child #2 Name: _____	Interests (Please check all that apply)
Gender: (Male or Female)	Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Pool <input type="checkbox"/> Swim Team <input type="checkbox"/>
Date of Birth: _____	Fitness <input type="checkbox"/>

Child #3 Name: _____	Interests (Please check all that apply)
Gender: (Male or Female)	Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Pool <input type="checkbox"/> Swim Team <input type="checkbox"/>
Date of Birth: _____	Fitness <input type="checkbox"/>

Child #4 Name: _____	Interests (Please check all that apply)
Gender: (Male or Female)	Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Pool <input type="checkbox"/> Swim Team <input type="checkbox"/>
Date of Birth: _____	Fitness <input type="checkbox"/>

Select Membership Level	Mo. Dues	Monthly Food Minimum	Initiation Fee
<b>Platinum Membership</b> This Premier Golf package includes unlimited family Golf, Tennis, and Pool access with Clubhouse and Dining privileges. Also included are complimentary car fees, range balls, guest greens and cart fees (up to 3/day), GHIN handicap, locker and golf bag storage. You also receive complimentary indoor tennis court time, two personalized lessons (golf or tennis), and 10 free pool guest passes.	<b>\$500.00</b>	<b>\$40.00 or Prevailing</b>	<b>N/A</b>
<b>Gold Membership</b> This Gold Membership includes unlimited family Golf, Tennis, and Pool access with Clubhouse and Dining privileges for the whole family.	<b>\$325.00</b>	<b>\$40.00 or Prevailing</b>	<b>\$325.00</b>
<b>Gold under 40 Membership</b> This Gold under 40 Membership includes unlimited family Golf, Tennis, and Pool access with Clubhouse and Dining privileges for the whole family.	<b>\$225.00</b>	<b>\$40.00 or Prevailing</b>	<b>\$225.00</b>
<b>Golf Membership</b> Our Golf membership includes unlimited family golf and dining privileges only. Other restrictions apply.	<b>\$225.00</b>	<b>\$40.00 or Prevailing</b>	<b>\$225.00</b>
<b>Silver Membership</b> Our Silver Membership includes unlimited Tennis, Dining, and Pool access as well as Clubhouse privileges for the whole family.	<b>\$225.00</b>	<b>\$40.00 or Prevailing</b>	<b>\$225.00</b>
<b>Single Membership (Tennis)</b> Our Tennis Membership includes unlimited Tennis, Dining, and Pool access with Clubhouse privileges for an individual.	<b>\$175.00</b>	<b>\$40.00 or Prevailing</b>	<b>\$175.00</b>
<b>Bronze Membership</b> Our Bronze Membership includes unlimited Dining and Pool access with Clubhouse privileges for the whole family.	<b>\$150.00</b>	<b>\$40.00 or Prevailing</b>	<b>\$150.00</b>
<b>Junior Golf Membership</b> Our Junior Golf membership is for ages 14-22 and includes all amenities of the club.	<b>\$100.00</b>	<b>N/A</b>	<b>\$100.00</b>
<b>Dining Membership</b> Our Dining Membership includes unlimited dining at all facilities on the property	<b>\$75.00</b>	<b>\$40.00 or Prevailing</b>	<b>\$75.00</b>

*\*Family use of the Carter Athletic Center at North Cross can be added to any membership for an additional \$55 monthly fee.*

*\*\*Initiation fee equivalent to one-month dues required for all memberships with the exception of the Platinum Membership. A twelve-month contract is required to activate any membership. All memberships have the obligation of a \$40 quarterly food minimum, except Junior Golf.*

I understand that the foregoing form constitutes my application for membership in Hunting Hills Country Club, Inc (Hunting Hills Country Club) and I certify that the information presented in my application is true and correct. I further understand that one current member of the Club must act as my sponsor by completing and attaching a completed Sponsor Form to this application for membership; that I must also provide a second signature of recommendation; and that my name will be posted as an applicant for membership immediately upon the Club's receipt of the application and will remain posted for a minimum of two weeks before Board approval can be given.

**If I am accepted as a member of Hunting Hills Country Club, I agree to the following:**

1. To pay to Hunting Hills Country Club the annual dues and any other required fees as established by the Board of Directors, as well as all other charges incurred by me and by authorized members of my family for the use of Club facilities and services, all according to the schedule of charges and payment terms from time to time established by the club management and Board of Directors. My annual dues will be billed in monthly installments.
2. The initial term of my membership shall run from the date that my application is accepted by the Club ("the Acceptance Date") through the last day of my 12 month contract, thereafter, the term will be month-to-month. My obligation to pay dues will commence on the first day of the calendar month following the month in which the Acceptance Date occurs. I am obligated to pay dues for each of the 12 consecutive months following the Acceptance Date. After completion of that initial 12 month term, I may resign at any time by giving written notification of my intent to resign. My resignation will become effective thirty days from the end of the month in which my written notice is received by the Club. The Club may terminate my membership at any time for cause, including, but not limited to, failure to pay dues, fees or other charges. I may not assign either the privileges of membership or the obligation to pay applicable dues, fees and other charges.
3. To pay a monthly finance charge of 1.5% (18% APR) of any balance on my member account that remains unpaid for thirty (30) days after the billing date. In addition, should the Club engage an attorney in connection with the collection of any account I owe to the Club, I agree to pay as reasonable attorney's fees an amount equal to 25% of the balance being collected. I agree that the venue for any litigation concerning this contract shall be in Roanoke County, Virginia. I hereby waive the benefit of the Homestead Exemption with respect to any amount I owe to the Club.
4. To comply with the Bylaws of the Club in effect from time to time and with all Rules and Regulations adopted by the Board of Directors with respect to use of Club facilities and services. I acknowledge that I have received a copy of the Bylaws and the Rules and Regulations currently in effect.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_



COUNTRY CLUB

Names of Applicant (s):

\_\_\_\_\_

How long have you known Applicant(s)?

\_\_\_\_\_

How do you know Applicant (s)?

\_\_\_\_\_

How do you think Applicant (s) will use the Club? (check all that applies)

Business\_\_ Social Activities\_\_ Golf\_\_ Tennis\_\_ Pool\_\_  
Children's Activities\_\_ Jr. Golf\_\_ Jr. Tennis\_\_ Swim Team\_\_

Please write a few comments about how you think Applicant(s) will not only enjoy Hunting Hills Country Club but will also be an asset to our membership?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information given by me is true to the best of my knowledge. In signing this form, I am representing Applicant(s) for membership in Hunting Hills Country Club.

Signature:

Date:\_\_\_\_\_

Please print your name here:\_\_\_\_\_

Signature of 2<sup>nd</sup> Sponsor:

Date:\_\_\_\_\_

Please print your name here:\_\_\_\_\_



Dear Hunting Hills Country Club Member,

We are now offering a direct debit method of payment to our members. If you choose this payment method, the direct debit (withdrawal) from your bank account will occur between the 12<sup>th</sup> and 18<sup>th</sup> of each month. The amount deducted from your bank account will be for the entire balance due as of your last monthly statement. Any discrepancies that you have with your monthly statement should be resolved prior to the 10<sup>th</sup>. Unless we hear from you, the entire statement balance due will be deducted from your bank account between the 12<sup>th</sup> and 18<sup>th</sup>. For example, the monthly statement is dated April 30<sup>th</sup>; therefore, between May 12<sup>th</sup> and 18<sup>th</sup>, your bank account will be debited for the entire balance due per this monthly statement, which consists of all unpaid charges through April 30<sup>th</sup>, with a due date of May 10<sup>th</sup>.

If you choose this new method of payment, you will need to complete the Direct Debit Form, which is enclosed with this letter. **You must attach to your completed Direct Debit Form at least ONE of the following two acceptable forms of information:**

1. **A Voided Check**

OR

2. **A Letter from your Financial Institution including the following information:**

- a. **Routing Number**
- b. **Account Number**
- c. **Account Type (either Checking or Savings)**

**We cannot process your request without one of the above two forms of information.** Please mail your completed form, with your attached financial information, back to us in the payment envelope provided. As long as we receive your form prior to the 10<sup>th</sup> of the month and all information is complete and accurate, we will begin debiting your bank account between the 12<sup>th</sup> and 18<sup>th</sup> of every month thereafter. **Please understand that this is not an on-again, off-again type of payment method.**

Should you have any questions regarding this letter and/or the completion of the enclosed Direct Debit Form, please contact Christine Potgieter in the Accounting Department at (540) 774-4435, ext 5. If you prefer, you can email your questions directly to [controller@huntinghillsc.com](mailto:controller@huntinghillsc.com).

Sincerely,

Christine Potgieter, BAcc, BAcc Hons  
Controller



## Automatic Payment Form

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

### ACH DIRECT DEBIT:

Your checking or saving account will be debited on the 25<sup>th</sup> of the each month.

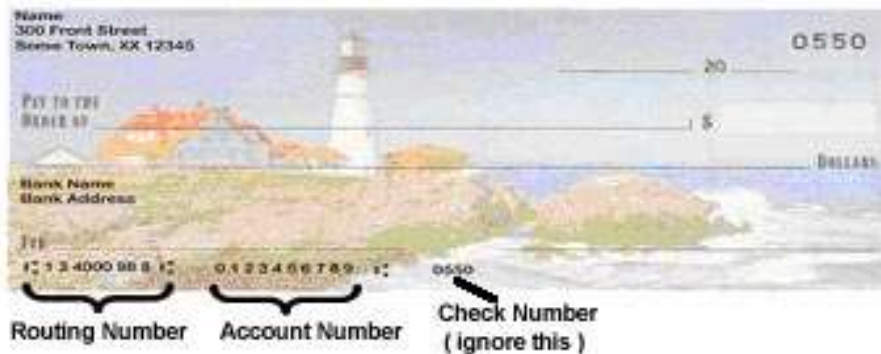
Please check one: \_\_\_\_\_ Checking      OR      \_\_\_\_\_ Savings

**Please attach ONE of the following two acceptable forms of information:**

- A Voided Check
- Or
- A Letter from your Financial Institution including the following information:
    - a. Routing Number
    - b. Account Number
    - c. Account Type (either Checking or Savings)

**We cannot process your request without one of the above two forms of information.**

**Please attach a Voided Check on top of the example provided below or you may include with this form a letter from your financial institution with the necessary information.**



### CREDIT CARD DIRECT CHARGE:

Your credit card will be charged on the 10<sup>th</sup> of the each month. Please note that a 2.75% credit card fee will be assessed to your club account per credit card dollar charged.

Type of Credit Card: \_\_\_\_\_ VISA      \_\_\_\_\_ MasterCard      \_\_\_\_\_ American Express      \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_