

**ROLLING HILLS COUNTRY CLUB
MEMBERSHIP APPLICATION**

Date of Application: _____

Applicant Information:

Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Place of Employment: _____

Home Phone Number: _____ Work Phone Number: _____

E-mail Address: _____

Spouse:

Name: _____ Date of Birth: _____

Place of Employment: _____ Work Phone Number: _____

Other Household Members:

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Country Club Affiliations:

Country Club Name

References (Club Members)

BOD Approval: _____ **Date:** _____

PERMISSION TO DRAFT ACCOUNT FOR MONTHLY DUES AND ASSESSMENT

Member's Name: _____

I, the undersigned, hereby authorize the _____
(Name of your Bank)

to transfer monies from my checking account to pay my monthly dues and assessment plus applicable sales tax to the Rolling Hills Country Club.

Account Number _____ Date _____ Signature _____