



Pool Membership Application

I / We submit this application for membership at Heatherwood Hills Country Club in the Category of Annual Pool Membership. This category will provide full access to the swimming pool and all club member social events, including dining facilities. I/We understand this membership will be effective for one calendar year. The fee of \$780 annually and will include 1 free round of golf per month for applicant (cart fee not included). This membership will renew every year automatically unless written notification is provided in advance.

***All Memberships require \$90 Quarterly Food Minimum**

Please submit completed application with payment to the Heatherwood Hills Country Club.

There is a \$250.00 administration fee for initial sign up.

By agreeing to this membership, it is understood the applicant is committing to a \$90 quarterly food minimum for 12 months, which will be charged to a credit card on file. All pool members are responsible for the food minimum as well.

The member can resign after one year when presenting a signed resignation letter.

Guests may accompany a member, at a rate of \$10.00 per person, per day, and must register guest with a pool staff member.

For any questions, call the club at 205-502-2389

POOL MEMBERSHIP APPLICATION

Annual Pool Membership is \$780, if paid monthly \$65. You receive a \$50 discount when paying in annually in advance. All Memberships Require 12-Month commitment with \$250.00 Application Fee. All Heatherwood Hills Members (Social, Golf, or Pool) are required to meet the \$90 per quarter Food and Beverage minimum spending requirement.

Membership Information

Date: _____

First Name *

Last Name *

Street Address *

City *

State *

Zip *

Phone *

Email *

Spouse

Spouse Phone

Child

Child

Child

Child

With my signature I authorize Heatherwood Hills CC to charge my credit card for any and all fees associated with pool membership and Quarterly Food Minimums. Also, by signing this form I agree to becoming a member, and paying the Quarterly Food Minimums, for a minimum of one year from the date listed. I fully understand my membership privileges and my requirements to said membership.

Print Card Name *

Signature *

Spouse Print Name

Signature

Card Number *

Exp Date *

CSV *

Billing Address *

State *

ZIP *

Print Heatherwood EmployeeName *

Date *

Amount Paid (Membership) * _____ Amount Paid (Application) * _____

\$ _____

Cash *

Check *

Credit *

Total Paid *

*#:

Any item marked with an * must be filled out.