

THE HILLS FAMILY MEMBERSHIP 2016

P.O. Box 787 - 1000 Bradley Drive - Hernando, MS 38632

Phone -662.429.0317 / Fax- 662.429.1768



FAMILY membership privileges - Golf, Tennis, Swimming and Clubhouse

This membership has a **1 YEAR COMMITMENT**. No initiation fee.

To retain membership there is a re-initiation of \$1,000 for any member that drops out and rejoins.

Monthly membership dues: \$150.00 - Due on the 1st of each month- late fee is charged after the 15th

Yearly Trail Fees: \$375 Car #1= \$375 Cart #2= \$325 Yearly Storage Fees: Cart = \$275

APPLICANT(s): (Please complete the following)

Name _____ *Email _____

Address _____ City _____ ST _____ Zip _____

Phone# Home _____ Cell _____

Spouse Name _____ Cell _____ *Email _____

Name(s) of Children _____ Age _____ DOB _____ Age _____ DOB _____
_____ Age _____ DOB _____ Age _____ DOB _____

Future Payment Method (circle one): Auto Draft - Auto Credit Card - Credit Card - Check /Cash

Auto Draft: (attach voided check) Routing #: _____ Acct # _____

Auto Credit: Card# _____ - _____ - _____ EXP Date _____ CVV _____ Type (Visa/MC/Disc)

Card Holder Signature _____

Credit Card # _____ Type (Visa/MC/Disc) _____

Expiration Date: _____ Signature of Cardholder _____

RELEASE/WAIVER:

I hereby make this application for membership for use of the recreational facilities of **The Hills at Hernando, Inc.**, located in Hernando, Mississippi. I understand that I am obligated for the payment of a monthly fee, which may be changed and that failure to pay the monthly fee when due may result in forfeiture of the initial fee and privileges. As a member at **The Hills at Hernando, Inc.**, I agree to observe, be bound by and abide all rules and regulations now in force and those which may be adopted hereafter by the corporation and agree that for any infraction thereof my privilege to use the facilities and membership may be terminated. I hereby authorize **The Hills at Hernando, Inc.** and its agents to investigate my references, acquaintances, and credit history. **The Hills at Hernando, Inc.** does not discriminate on the basis of race, national origin, sex, creed, age (if over/under the age of majority), disability, or in any other manner prohibited by law.

Signature of Applicant: _____ Date: _____

Office Use Only:

Dues _____ CC/ACH _____
Rules _____ Welcome _____

Membership Effective Date _____
Dues Paid for Month of _____
Trail Cart Fee #1 _____
Trail Cart Fee #2 _____
Storage Fee _____
MEMBER NUMBER _____