

CORPORATE MEMBERSHIP 2016

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

Phone -662.429.0317 / Fax- 662.429.1768



Corporate membership privileges - Golf, Tennis, Swimming and Clubhouse - \$375 per month
***Includes 3 Full Family Memberships (\$150 each additional member)**

BUSINESS APPLICANT: (Please complete information)

Business Name _____ Contact _____

Address _____ City _____ ST _____ Zip _____

Email _____ Business Phone _____

Complete the following for Corporate members:

Family Name _____ Cell _____ Email _____
Dependants _____

Family Name _____ Cell _____ Email _____
Dependants _____

Family Name _____ Cell _____ Email _____
Dependants _____

1ST MONTH PAYMENT INFORMATION:

Cash _____ Check _____ (Payable to: The Hills)
Credit Card # _____ Type (Visa/MC/Disc) _____
Expiration Date: _____ Signature of Cardholder _____

Payment options: - Due the 1st of each month (circle one):

Automatic draft Credit Card By Statement

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 subject to all by-laws, 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:

Date _____ Membership No. _____ Initial _____