



Swim Membership Application

I / we submit this application for membership at Heatherwood Hills Country Club in the Category of Annual Swim 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 monthly fee for this membership will be \$65.00 plus tax 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.

Swim membership will be capped at a maximum of 150 members. A waiting list will be established if the number of membership applications exceed 150, and the first name on the waiting list will be given first opportunity to join.

A \$50 discount will be applied if full annual dues are paid in advance. (\$730 for entire year rather than \$65 per month for 12 months (\$780)).

By agreeing to this membership, it is understood the applicant is committing to the full year of \$65 a month for dues, plus \$90 quarterly for food minimum, which will be charged to a credit card on file. Annual 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

Swim Membership Application

Membership Selection

- Monthly (\$65.00)
- Annual (\$780.00)

*** All Memberships Require 12-month commitment**

*** \$250 Application Fee**

*** \$50 discount on Annual membership if paid in full**

*** \$90 quarterly Food Minimum Required with all memberships**

*** Pricing does not include sales tax.**

Membership Information

First name

Last name

Street address

Street address line 2

City

State

Zip code

Phone number

Email

Family members information (if applicable)

Spouse

Phone number

Child 1

Phone number

Child 2

Phone number

Child 3

Phone number

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Print Name

Signature

Spouse Print Name (if applicable)

Signature

Credit Card Information

Name on Card

Card Number

CSV code

Billing Address

Billing City

State

Exp. Date

***Credit Card will only be used for past due payments unless otherwise authorized.**

Please Check Box if you want your account set up for Auto Pay

Authorized Club Signature

Date

Membership Amount Paid

Application Amount Paid

Payment Type

Cash

Check

Credit

Total Paid