

Application Date: _____

88 Hawks Landing Circle
Verona, WI 53593
(608) 848-4295



Membership Application

PERSONAL

Applicant Name: _____ Date of Birth: _____

Co-Applicant Name: _____ Date of Birth: _____

Please list all unmarried children 23 years and younger (as of Jan 1st of membership year) who will be included on membership:

Children	Male/Female	Date of Birth

Primary Residence: _____
Street Address City State Zip Code

Primary Phone: _____ Phone #2: _____

Primary Email: _____ Email #2: _____

PROFESSIONAL

Applicant's Title: _____ Company: _____

Address: _____
Street Address City State Zip Code

Work Phone #: _____ Years Employed at Company: _____

Co-Applicant's Title: _____ Company: _____

Address: _____
Street Address City State Zip Code

Work Phone #: _____ Years Employed at Company: _____

REFERRAL

Referring Member(s) Name(s): _____



Membership Application

GOLF (Prices do not include applicable tax)

Please select golf membership billing preference: Monthly Annually

✓	MEMBERSHIP CATEGORY	NON-REFUNDABLE INITIATION FEE	2022 DUES
	Junior (Age 30 and under)		
	Single	Waived	\$3,180
	Couple	Waived	\$4,047
	Family (Family Pool & Tennis included!)	Waived	\$4,857
	Intermediate (Age 31-39)		
	Single	Waived	\$3,407
	Couple	Waived	\$4,336
	Family (Family Pool & Tennis included!)	Waived	\$5,204
	Standard (Age 40-64)		
	Single	Waived	\$4,543
	Couple	Waived	\$5,781
	Family (Family Pool & Tennis included!)	Waived	\$6,939
	Senior (Age 65-70)		
	Single	Waived	\$3,862
	Couple	Waived	\$4,914
	Advanced Senior (Age 71+)		
	Single	Waived	\$3,180
	Couple	Waived	\$4,047
	Platinum Lifetime (Additional signed addendum required)		
	Family	\$75,000	\$0

Required annual fees for all golf memberships: Mill River Buying Club Fee: \$200 / Capital Improvement Fund Fee: \$350

Please select cart plan: Yes, I(we) would like the Annual Cart Plan No, I(we) will pay per use for carts

Single: \$1,220 / Couple: \$1,645 / Family: \$2,300

\$13 per seat (9 holes) / \$26 per seat (18 holes)

Additional Amenities: Golf Locker (\$125 per locker per year) Qty: _____

Golf Club Storage (\$150 per space per year) Qty: _____ WSGA Handicap (\$40 per year) Qty: _____

All golf members receive 10% off any annual fitness membership!

Please check here if you are interested in learning more about our fitness memberships and we would be happy to provide you with additional information regarding the Fitness Center.

I hereby agree to pay to the Club the non-refundable initiation fee for the category of membership(s) I have selected above. Non-refundable initiation fees must be paid in full and submitted with the application unless otherwise noted by authorized club representative. The amount of dues and initiation fee for each membership category may be described on a separate schedule of dues and charges. (All Family Golf categories include gratis Family Pool and Tennis memberships unless otherwise noted within a golf promotional offer).

MEMBERSHIP RESIGNATION AND FUTURE ELIGIBILITY FOR MEMBERSHIP: Members resigning from ANY membership category may not be considered for membership at the Club for a term of no less than two (2) years from the accepted date of resignation, unless otherwise approved by authorized club representative.

GENERAL PROVISIONS: Membership is contingent upon approval by the Club, which approval shall be at its discretion. This application for membership shall not be binding on the Club until the acceptance below is signed.

TALENT RELEASE: I consent to and authorize Haen Real Estate, Hawks Landing Golf Club, their subsidiaries, controlled and associated companies and their respective successors, assigns, agents and licensees to reproduce, publish, circulate and otherwise use forever hereafter any and all visual or audible images take of me, either alone or as part of or in conjunction with reproductions of any real or imaginary persons and any and all purposes of trade and booklets, internet usage, circulars, window display cards, car cards, billboards, posters, motion pictures, television or otherwise. I hereby warrant that I have not limited or restricted the use of my name or the use of my photograph, picture, portrait or other likenesses or reproductions thereof to any person, firm or corporation. I hereby sell, assign and transfer to Haen Real Estate, Hawks Landing Golf Club and their respective successors and assigns all my right, title and interest in said visual and audible images and I hereby release Haen Real Estate, Hawks Landing and their respective successors and assigns from all right or claim or demand which I, my heirs, executors, administrators, successors, or assigns may, can or shall have on account of the use or publication of said visual or audible reproduction thereof or of my name in whole or in part for the said purpose. I understand and accept these conditions. I do not expect any compensation in any form.

PAYMENT OF FEES, DUES AND CHARGES: I hereby acknowledge that all dues, merchandise and other applicable fees and services at the Club, together with any applicable taxes or similar charges that are not paid in cash will be billed on a monthly basis. I hereby approve my club monthly charges to be paid via ACH direct debit payment method approved by the club. Should any bill remain unpaid for more than thirty (30) days after billing date thereafter WILL be increased by 3.0% and charged to my credit card. I authorize any and all charges (including membership dues and fees), incurred on my account with the Club and unpaid within 30 days to be charged to the credit card listed on this application. I certify that the listed card is issued to me and agree that all disputes on my credit card account relating to the Club will be promptly brought to the Club's attention. I understand that I am obligated to keep a valid approved credit card on file with the Club at all times.

Upon signing this application, I authorize the disclosure and release of information requested by the Club for investigating my qualifications for membership, including without limitation my credit history.

I hereby acknowledge that the use of the Club facilities and any privilege or service incident to membership is undertaken with knowledge of risk of possible injury. I hereby accept any and all risk of injury to myself, my guests and my family sustained while using the Club facilities or involved in any event or activity incident to membership in the Club. In accepting the risk of injury, I understand that I am relieving Hawks Landing Golf Corp and Hawks Golf Land LLC and its successors and assigns, and their directors, officers, partners, shareholders, employees, agents and affiliates and the members of the Advisory Board of the Club from any and all loss, cost, claims, injury, damages or liability sustained or incurred by me, my guests and my family resulting from or arising out of any conduct or event connected with membership in the Club and use of any of the Club facilities.

I hereby acknowledge receipt of the Club Membership Agreement and Rules and Regulations and that I have read and understand them and agree to be bound by the terms and conditions thereof as the same may be amended from time to time by the Club. I further acknowledge that I am not relying on any oral representations in acquiring a membership in the Club.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Authorized Signature for Approval: _____ Date: _____

FOR OFFICE USE ONLY

Date entered: _____

By: _____



AUTHORIZATION FOR DIRECT PAYMENTS

ACH DEBITS/CREDITS

There is no fee associated with ACH payments.

Direct payment via ACH is the transfer of funds from a bank account for the purpose of making a payment. I (We) authorize Hawks Landing to electronically debit and/or credit my account as follows. At the depository financial institution named below (Bank), I (We) agree that ACH transactions I (we) authorize comply with all applicable law.

_____ **CHECKING ACCOUNT**

_____ **SAVINGS ACCOUNT**

Bank Name: _____

Routing Number: _____

Account Number: _____

Name on Account: _____

If possible, please attach a voided check here if preferred payment method is ACH.

CREDIT CARD

A 3.5% convenience fee will be added to statement balance when using a card. Also, if ACH withdrawal was unsuccessful, an applicable late fee will be added to next statement and processed via on-file credit card.

Card Number: _____ Expiration Date: _____

Security Code: _____ Zip code where bill is received: _____

Name on Credit Card: _____

Debit amounts will be determined by the ending balance of previous month. Debits will post on the 15th of each month.

I (We) understand that this authorization will remain in full force and effect until I (we) notify in writing that I (we) wish to revoke this authorization. I (we) understand that you require at least 30 days prior notice in order to cancel this authorization.

Print Name(s): _____

Signature: _____

Date: _____