

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: _____

Significant Other's Title: _____ Company: _____

Address: _____
Street Address City State Zip Code

Work Phone #: _____ Years Employed at Company: _____

REFERRAL

Referring Member(s) Name(s): _____



Membership Application

POOL & TENNIS/PICKLEBALL (Prices do not include applicable tax and must be made in one annual payment)

✓	MEMBERSHIP CATEGORY	NON-REFUNDABLE INITIATION FEE	2022 DUES
	Pool		
	Single	\$500	\$765
	Couple	\$500	\$950
	Family	\$500	\$1,250
	Tennis & Pickleball		
	Single	\$150	\$235
	Couple	\$150	\$290
	Family	\$150	\$380
	Junior Single (Pool Member)	Waived	\$90
	Junior Single (Non-Pool Member)*	Waived	\$150
	Pool, Tennis & Pickleball		
	Single	\$650	\$1,000
	Couple	\$650	\$1,240
	Family	\$650	\$1,630
	Lifetime Pool, Tennis & Pickleball <small>(Additional signed addendum required)</small>		
	Family	\$15,000	\$0

Required for all pool and tennis memberships (annual fee): Capital Improvement Fund: \$150 / *Capital Improvement Fund fee: \$50

All pool/tennis/pickleball 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.

TOTALS

Non-refundable Pool/Tennis Initiation Fee (one-time fee): _____

2022 Pool Membership Dues: _____

2022 Tennis Membership Dues: _____

2022 P/T Capital Improvement Fund Fee: _____

P/T SUB-TOTAL: _____

Tax (5.5%): _____

P/T GRAND TOTAL: _____

Totals can be paid with cash, check, credit/debit card or ACH. NOTE: all card transactions incur a 3.5% convenience fee.

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 (we) understand my (our) membership is subject to any and all of the Rules & Regulations of Hawks Landing Pool, Tennis & Pickleball Club. I (we) also understand failure to abide by the membership Rules & Regulations, the Hawks Membership Agreement(s), or any other facility rules, may result in the forfeiture of my (our) membership privileges.

I (we) hereby authorize Hawks Landing Golf Corporation (d/b/a Hawks Landing Pool, Tennis & Pickleball Club and Hawks Landing Golf Club) to pay all annual and/or monthly charges via ACH direct debit payment method approved by the club (*separate form attached*) on or near the 15th of every month for the previous month's account charges. 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 below. I certify that the below 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.

Member(s) acknowledge that they may also have to privilege of choosing credit card only payments, but a 3.5% convenience would apply to all statement balances. Member(s) are also responsible for updating banking or credit card information when necessary. Members(s) also agree to pay any and all Club legal fees which may result from default of the Member(s) for any unpaid amount that may remain on Member(s) account.

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 Pool and Tennis Club 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 Membership 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.

If the applicant is married, both spouses must sign below.

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: _____

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.

Account 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: _____