



APPLICATION FOR CLUB MEMBERSHIP

FAMILY POOL

COUPLE POOL

SINGLE POOL

FAMILY TENNIS

COUPLE TENNIS

SINGLE TENNIS

JUNIOR TENNIS SINGLE - NON-AFFILIATED POOL

JUNIOR TENNIS SINGLE – AFFILIATED POOL

PERSONAL

Applicant's Name Birth Date (mm/dd/yy)

Spouse's Name Birth Date (mm/dd/yy)

Local Address

Billing Address Number Street City State Zip Code

Telephone Local Residence Applicant Mobile Spouse Mobile

Applicant Email Spouse Email

Other Email

Please list all unmarried children under the age of 23 below:

<u>Name</u>	<u>Male/Female</u>	<u>Birth Date</u> (mm/dd/yy)	<u>Email Address</u>

NOTE: Food & Beverage charging privilege at the Pool is coordinated through Dahmen's at Hawks Landing only – Dahmen's requires all members to have an on-file credit card and all members must periodically update their personal information with Dahmen's at Hawks Landing

BUSINESS

Applicant's Company Name Title

Business Address

Telephone Years in Present Employment ? Retired

Spouse's Company Name Title

Business Address

Telephone Years in Present Employment ? Retired

BANKING RELATIONS

Name of Institution Address

Officer to Contact Telephone Number

REFERRING MEMBER (if any)

Name Email Address

ANY OTHER MEMBERS PRESENTLY KNOWN

Name _____ Email Address _____

PERSONAL REFERENCES
(Cannot be a Member)

Name _____ Email Address _____

Years Known _____ Telephone Number _____

Name _____ Email Address _____

Years Known _____ Telephone Number _____

The undersigned hereby applies for the following category of membership in Hawks Landing Pool & Tennis Club (the "CLUB"):

√	Hawks Pool (Must include Capital Improvement Fund Fee with Payment)				
	Membership Categories	Non-Refundable Initiation Fee	Annual Dues	Capital Improvement	Total Due, less tax
	Family	\$450	\$1,034	\$150	\$
	Couple	\$450	\$776	\$150	\$
	Single	\$450	\$623	\$150	\$
√	Hawks Tennis (Must include Capital Improvement Fund Fee with Payment)				
	Family	\$150	\$309	\$150	\$
	Couple	\$150	\$236	\$150	\$
	Single	\$150	\$190	\$150	\$
	Junior Single (Non-Affiliated Pool)	Waived	\$140	\$50	\$
	Junior Single (Affiliated Pool)	Waived	\$84	\$25	\$
√	Hawks Pool and Tennis (Requires only one \$150 Capital Improvement Fund Fee with Payment)				
	Family	\$600	\$1,343	\$150	\$
	Couple	\$600	\$1,012	\$150	\$
	Single	\$600	\$813	\$150	\$
	Hawks Fitness Center (various billing options are available) – Pricing listed separately - Golf, Pool and Tennis members would receive 10% off any 1-year annual membership) – For more information on Fitness memberships, please contact our Fitness Director Jessica Walker at Jessica@HawksLandingGolfClub.com or Rich Bartley, PGA at Rich@HawksLandingGolfClub.com .				
	Total Annual Dues** (please add applicable 5.5% sales tax) (Full annual payment including initiation fee, when applicable, must be paid with the application)				\$

**** Pool and/or Tennis Dues, Capital Improvement fee and Initiation Fee(s) are billed annually – Month-to-Month billing is not offered for Pool and/or Tennis Memberships**

GENERAL PROVISIONS

Membership is contingent upon approval by the Club, which approval shall be at its discretion

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 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) ("Member(s)") hereby authorize Hawks Landing Golf Corporation (d/b/a Hawks Landing Pool and Tennis 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 months 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 2% convenience would apply to all statement balances. Member(s) are also responsible for updating banking or updated 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.

Name as it appears on Credit Card _____
Credit Card Type _____ Credit Card Number _____ Exp. Date _____
Cardholder Signature _____ 3-Digit Security Code _____

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

Spouse's Signature

Date

This Application for Membership shall not be binding on the Club until the acceptance below is signed.

APPROVED AND ACCEPTED BY:

HAWKS LANDING

By: _____
Authorized Representative

Date: _____

Hawks Landing Golf, Pool and Tennis Clubs Contact Information:

66 Hawks Landing Circle
Verona, WI 53593
(608)848-5445 In-Season (Late May- Early September)
Tim Ritchie – Pool Manager
FlyerSquirt@gmail.com

88 Hawks Landing Circle
Verona, WI 53593
(608)848-4295 Off-Season
Rich Bartley, PGA Head Professional/Membership Coordinator
Rich@HawksLandingGolfClub.com



Office use only
Date entered: _____
By: _____

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

ACH DEBITS/CREDITS

(There is not a fee for using ACH withdrawal)

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.

_____CHECKING ACCOUNT O R _____SAVINGS ACCOUNT

At the depository financial institution named below (Bank).
I (We) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name: _____

Routing Number: _____

Account Number: _____

Name on Account: _____

Please Attach
Voided Check Here

CREDIT CARD

(2% Convenience fee will be added to statement balance. Also if ACH withdrawal was unsuccessful, then 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 mailed to: _____

Name on Credit Card: _____

Amount of debits will be determined by the ending balance of previous month.

Date of debit: Posting on the 15th of the 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: _____

MEMBER NUMBER: _____ PHONE NUMBER: _____ DATE: _____