

# Application for Membership



**PLEASE CHOOSE ONE:**

- Full Family (Ages 40 & Above)
- Transitional Family (Ages 36 - 39)
- Intermediate Family (Ages 21 - 35)
- Full Couple (Ages 40 & Above)
- Full Single (Ages 40 & Above)
- Transitional Single (Ages 36 -39)
- Intermediate Single (Ages 21 - 35)

## Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State / Providence: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address 1: \_\_\_\_\_

- Single     Married     Widowed    If married, please fill out the Spouse information below.

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Spouse First Name: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email Address 2: \_\_\_\_\_

1.) Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
2.) Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
3.) Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
4.) Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Primary Member Sponsor

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

## Initiation Fee Payment Options

- Pay in Full
- 3 Years at 5.25% Interest

Last Name: \_\_\_\_\_



## Authorization

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of HoliMont in the present form or as may be amended.

I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing HoliMont. I further declare that the above information which I have supplied on this application is true and correct, and acknowledge that any misrepresentation thereof will be grounds for rejection of my application or dismissal from membership in the club.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Payment Information

We accept Visa, Mastercard, Discover and American Express or ACH Withdrawal

### Credit Card Information

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### U.S. Checking Account Information

Name on Account: \_\_\_\_\_

Checking Account

Savings Account

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Billing Address *(If different than home address)*

Address: \_\_\_\_\_

State / Providence: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_