



## *Membership Application*

1400 E. Hwy 119 • Longmont, CO 80502-0762 • 303.651.3777



**Type of Membership Desired**

Check One:                    Full Member     Junior Member (age 39 or Younger)   
                                 Senior Member (age 70 or older)     Individual Member     Youth Member   
                                 Seasonal Member (out of State for 6 months or more)     Social Member

**Personal Information**

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

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

City, State                    Zip

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

City, State                    Zip

Date of Birth \_\_\_\_\_ \* applies to Senior, Junior and Youth memberships - *\*we need copy of Driver's*

Single     Married

Spouse/Significant Other Name: \_\_\_\_\_

Member Cell Phone: \_\_\_\_\_

Member Email: \_\_\_\_\_

Spouse/Significant Other Cell: \_\_\_\_\_

Spouse/Significant Other Email: \_\_\_\_\_

Please select the email where your member statement will be sent to:

Member     Spouse/Significant Other

Please list your dependent children under the age of 24.	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Business Information**

**Member**

Name of Company: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City, State Zip

Business Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Spouse/Significant Other**

Name of Company: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City, State Zip

Business Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Membership Fees**

Each new member must pay a Membership Fee to join the Fox Hill Club. Membership fees may change (annually on April 1). The current Membership Fees are:

**Golfing Membership** -- \$4000

**Social Membership** -- \$1500

Referring Member for Golf Membership (if applicable) \_\_\_\_\_

**Amenity Options**

Please sign me up for the following:

- Club Storage \$120
- Pull Cart Storage \$100
- Locker \$50
- Inclusive \$200



**Authorization**

By signing this application for membership of *The Fox Hill Club* (hereinafter "Club"), I, the undersigned\* authorize the Club, through its representatives, to make inquiries into my financial condition (specially through consumer credit reporting organizations) and my family and professional background.

I, represent that, to the best of my ability, I have truthfully answered all *Membership Application* questions.

I understand that, if I wish to resign my membership, I must give the Club 60 days notice from the 1<sup>st</sup> day of the month following my resignation: my account must be current in order for the Club to accept my resignation; I am responsible for all dues and applicable fees during the 60 day notice period, including F&B minimums; and the Membership Fee I have paid is non-refundable

I understand that resignation from the Club is effective for three (3) years but that I may rejoin by paying all back dues that would have accrued during that period.

I 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 past-due amounts to my credit card at any time.

I agree to keep my contact information on file with the club and to inform the club of any changes.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and anyone on my membership who will be utilizing Club's facilities.

I acknowledge that I have received and agree to be bound by the terms, policies, and rules described in this *Membership Application* , the *Membership prospectus*, and the *Member Policies* of the Fox Hill Club in their present form or as may be amended.

*\* the singular pronoun is used for convenience but all parties signing the Application are bound by the terms of the Application*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Significant Other: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card Information**

Credit Card Type: Visa  Mastercard  American Express

Credit Card Number: \_\_\_\_\_ CVC \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please sign me up to bill my credit card monthly



The Fox Hill Club