2020 Club Membership

I hereby make application for _____ membership

DUES	$ _____
PRACTICE FACILITY	$ _____
LOCKER(S)	$ _____
BAG STORAGE	$ _____
RANGE PLAN	$ _____
Sub Total	$ _____
4% Credit Card Surcharge	$ _____
TOTAL DUE	$ _____

Please make checks payable to **Baiting Hollow Club LLC**

Name _____

Street Address _____

City/State _____ ZIP _____

Email _____ Cell Phone _____

Credit card information below is required to process application

Type of card (circle one) AMEX VISA MC

Account Number _____

Exp. Date _____ CID: _____

☐ *I authorize BHC to charge this card each month for my Club usage charges.*

(Credit Card Authorization form also required)

I herewith make application for membership at BAITING HOLLOW CLUB for the year 2020. I understand that as a condition of club membership I must adhere to all rules and bylaws of the club now or hereafter adopted and failure to do so will result in loss of membership. I further agree to waive claim by myself or my guests and all heirs for any loss or damage to automobile or other property or for any personal injury while a member and to herby assume all risks in connection herewith. Membership is a revocable license. The Club may revoke any membership, in its sole & absolute discretion, inc. but not limited to a casualty event, cessation of operations for renovations or otherwise or in the sale of the Club. Any such revocation will be accompanied by a refund to the Member of any pre-paid membership dues, pro-rated seasonally. I understand that each guest is allowed to play a maximum of 3 times per year. Membership is for calendar year 2020. The golf course and clubhouse will be open from April 6,2020 to December 6, 2020, weather permitting. No refunds on membership dues. I understand that as a condition of club membership, charges delinquent after 60 days will be charged to my credit card on file. Subject to all state, federal and credit card processing fees.

X _____

Member Signature Date

_____

BHC Employee