



## 2020 GOLF MEMBERSHIP APPLICATION

**Please fill out and return to:**

Houston Oaks Golf Course  
ATTN: Alison Dill  
555 Houston Oaks Drive  
Paris, Kentucky 40361

**Below fields are required.**

Full Name: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Mobile  Home  Work

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

**Membership Options:**

Please select applicable option(s). Prices displayed are before the 6% Kentucky State Tax. All memberships must be paid in their entirety. Monthly payments require a valid credit card on file.

\* Cart fee not included. Cart fee is \$10/round. Must be 16 years or older with a valid driver's license to rent.

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Seven Day All-Inclusive Membership | \$2000 (Annually) / \$200 (Monthly) |
| <input type="checkbox"/> Five Day All-Inclusive Membership  | \$1500 (Annually) / \$150 (Monthly) |
| <input type="checkbox"/> Associate Membership (Ages 18-29)  | \$1500 (Annually) / \$150 (Monthly) |
| <input type="checkbox"/> Junior Membership (Under 18) *     | \$600 (Annually) / \$60 (Monthly)   |
| <input type="checkbox"/> Seven Day Membership *             | \$1300 (Annually) / \$130 (Monthly) |
| <input type="checkbox"/> Five Day Membership *              | \$1100 (Annually) / \$110 (Monthly) |
| <input type="checkbox"/> Range Membership                   | \$350 (Annually)                    |
| <input type="checkbox"/> Family Add-On                      | \$500 (Additional)                  |

Spouse Full Name/Email: \_\_\_\_\_

Child #1 Full Name: \_\_\_\_\_

Child #2 Full Name: \_\_\_\_\_

**Payment Options:**

Range Membership and Holiday Special Pricing must pay in full. If paying monthly, package total must be paid in full no later than 12 months after purchase date. Packages may be paid off at any time during the 12 months. Monthly payments require a valid credit card on file.

Pay in Full

Monthly Payments

CC Type:  Visa  Mastercard  American Express  Other: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

CC Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ CVC: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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**FOR OFFICE USE ONLY**

MEMBER NAME: \_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_

MEMBERSHIP SELECTED: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_

CONTRACT SIGNED (CIRCLE ONE): YES / NO

PROFILE ENTERED INTO SYSTEM (CIRCLE ONE): YES / NO

PICTURE TAKEN (CIRCLE ONE): YES / NO