



2021 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 or linked bank account.

* Cart fee not included. Cart fee is \$12/round. Must be 16 years or older with a valid driver's license to rent.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Seven Day All-Inclusive Membership | \$2200 (Annually) / \$220 (Monthly) |
| <input type="checkbox"/> Five Day All-Inclusive Membership | \$1700 (Annually) / \$170 (Monthly) |
| <input type="checkbox"/> Associate Membership (Ages 18-26) | \$1700 (Annually) / \$170 (Monthly) |
| <input type="checkbox"/> Junior Membership (Under 18) * | \$800 (Annually) / \$80 (Monthly) |
| <input type="checkbox"/> Seven Day Membership * | \$1700 (Annually) / \$170 (Monthly) |
| <input type="checkbox"/> Five Day Membership * | \$1200 (Annually) / \$120 (Monthly) |
| <input type="checkbox"/> Range Membership | \$350 (Annually) |
| <input type="checkbox"/> Family Add-On | \$700 (Additional) |

Spouse Full Name/Email: _____

Child #1 Full Name: _____

Child #2 Full Name: _____

Payment Options:

Range Membership, Family Add-On 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 or bank account on file. Credit card payments are subject to a 2.5% processing fee. ACH payments are subject to a 1% processing fee.

Pay in Full

Monthly Payments (Please select applicable option below)

Credit Card

CC Type: Visa Mastercard American Express Other: _____

Full Name on Card: _____

CC Number: _____

Expiration Date (MM/YY): _____ CVC: _____

Billing Address: _____

ACH

Bank Name: _____

Routing Number: _____

Account Number: _____

Signature: _____

Date: _____

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