



**2023-2024 FULL FAMILY OR OUT OF TOWN MEMBERSHIP (OUTSIDE OF 30 MILES)**

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

KIDS UNDER 24 (LIVING AT HOME): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL # \_\_\_\_\_

CAN WE ADD YOU TO THE HCC GROUP TEXT MESSAGE? YES  NO  (this is an un-reply able group text)

EMAIL ADDRESS: \_\_\_\_\_

|                                       |         |                  |
|---------------------------------------|---------|------------------|
| Dues: \$1,050                         | \$1,050 | w/tax \$1,111.43 |
| W/Personal Gas Cart \$100             | \$1,150 | w/tax \$1,217.28 |
| W/Personal Electric Cart \$150        | \$1,200 | w/tax \$1,270.20 |
| Cart Shed # _____                     |         |                  |
| <b>Monthly payment plan available</b> |         |                  |

**OUT OF TOWN MEMBERSHIP**

|                                       |         |                  |
|---------------------------------------|---------|------------------|
| Dues: \$945                           | \$945   | w/tax \$1,000.29 |
| W/Personal Gas Cart \$100             | \$1,045 | w/tax \$1,106.14 |
| W/Personal Electric Cart \$150        | \$1,095 | w/tax \$1,159.06 |
| Cart Shed # _____                     |         |                  |
| <b>Monthly payment plan available</b> |         |                  |

**\*\*\*If paying monthly please call for monthly payment amount\*\*\***

ASSESSMENT CARD RECEIVED: \_\_\_\_\_

**\*\*ALL MEMBERSHIPS PAID VIA CREDIT CARD WILL BE CHARGED 4% ON THE TOTAL\*\***

**\*\*ALL MEMBERSHIPS AND CART FEES WILL HAVE A 5.85% SALES TAX APPLIED, NO TAX ON ASSESSMENT CARDS\*\***

**\*\* WHEN USING MONTHLY PAY PLAN ALL CHECKS WILL BE PROVIDED IN ADVANCE TO COVER DUES \*\***

For Office Use Only

Amount Paid \_\_\_\_\_ Check Cash Credit Card Initials \_\_\_\_\_