	☐ FULL MEMBERSH	IP \$700 ANN	IUAL		
□ NEW MEMBER \$500 ONE-TIME FEE					
	☐ COMMERCIAL MEME	SERSHIP \$2000 A	NNUAL		
MEMB	ERSHIP DUE DATE:			_	
	MEMBERSHIP PAYME	ENT TYPE & AMC	OUNT:		
	CC \$ CA	ASH \$			
	CHECK #	AMNT \$			
	PLEASE PRI	NT CLEARLY			
MEMBER NAME	FIRST	LA	ST		
SPOUSE NAME	FIRST	LA	ST		
PRIMARY PHONE	SE	ECONDARY PHONE			
MAILING ADDRESS	: STREET/APT – CITY – STA	ATE- ZIP			
		ZIP _			
E-MAIL ADDRESS:					
			@		
ARE IN OUR FACEB	SOOK GROUP HICKORY BL	UFF MEMBERS?	□YES	□NO	
HOW DO YOU PERF MEMBERSHIP RENI	FER TO RECEIVE NOTIFICA EWALS?	TIONS OF EVENTS	, TOURNAMEI	NTS,	
□PHONE CA	LL TO PRIMARY PHONE	□ F-MAII	пι	JS MAII	

EMERGENCY	CONTACT:				
NAME	PHONE				
	ERS LIVING IN THE HOME:				
•					
BOAT INFORM APPLICATION <sup>*</sup>		TO ADD MORE THAN 2 BOATS	TO YOUR		
BOAT #1	MANUFACTURER:	LENGTH:	COLOR		
STATE REGIST	FRATION NUMBER:				
BOAT #2	MANUFACTURER:	LENGTH:	COLOR		
STATE REGIST	FRATION NUMBER:				
MAKE CHECKS	S PAYABLE TO:				
	HICKORY BL	UFF MARINA & CLUB			
	P.C	D. BOX 178			
		SON, GA. 31557			
		ECEIVED MY COPY OF THE RU	ILES AND TERMS		
OF THIS MEME	BERSHIP AGREEMENT.				
X					

Page 2 of 4

DATE

**SIGNATURE** 

We are returning to the option of MEMBER TABS, <u>ONLY</u> if you have a CC on file with us. If your TAB has not been cleared/paid in full by you at the close of business EVERY Sunday, 6pm. We will clear all MEMBER TABS via CC on file every Sunday, 6pm at close of business. Your CC will be charged for your TAB amount, YOU WILL NOT BE NOTIFIED OF THIS TRANSACTION, <u>VIA YOUR NEXT VISIT</u> TO HICKORY BLUFF MARINA AND CLUB. The original TAB, paid CC and register receipt will be added to your file for EVERY TAB made to ALL members. You may ask to see all the information in your file at any given time.

By filling in this portion of the application, you give permission to HBM&C authorization to <u>run THIS CC for ALL OF YOUR UNPAID TAB.</u>

If at any time you have any questions or concerns, please give one of our management team members a call.

Hickory Bluff Marina & Club Management Team

Doug Puryear 912-281-4444

Rodney James 912-288-0392

Jessica Barnett 912-222-2672

CREDIT CARD INFORMATION:					
	THIS INFORMATION IS FOR PAYMENT OF <b>TABS ONLY</b> .				
THIS CARD WILL BE CHARGED <u>WHEN/IF YOUR STORE TAB IS NOT PAID BY CLOSE OF</u> <u>BUSINESS EVERY SUNDAY, AT 6PM</u> .					
□ VISA	☐ MAS1	ERCARD	□ DISCOVER	☐ AMERICAN EXPRESS	
CARD HOLDER NAME		CA	CARD NUMBER		
EXPIRATION	N DATE	CVV# (BA	ACK OF CARD)	CARD ZIPCODE	

MONTHLY ST	ΓORAGE FEE - \$100 P	ER MONTH    YES	□NO			
STORAGE START DATE:						
STORAGE	STORAGE PAYMENT TYPE & AMOUNT: CC \$ CASH \$					
	CHECK #	AMNT \$				
	PLEASE PRINT CLEARLY					
MEMBER NAME	FIRST	LAST				
PRIMARY PHONE	<u> </u>	SECONDARY PHONE				
MAILING ADDRESS: STREET/APT – CITY – STATE- ZIP						
		ZIP				
EMERGENCY CO	NTACT:					
NAME		PHONE				
BOAT #1	MANUFACTURER:	LENGTH:	COLOR			
STATE REGISTRATION NUMBER:						
BOAT #2	MANUFACTURER:	LENGTH:	COLOR			
STATE REGISTRATION NUMBER:						
X						

Page 4 of 4

**SIGNATURE** 

DATE