

HICKORY BLUFF MARINA & CLUB 2024 MEMBERSHIP

MEMBERSHIP TYPE

☐ FULL MEMBERSHIP \$700 ANNUAL ☐ COMMERCIAL MEMBERSHIP \$2500 ANNUAL

MEMBERSHIP DUE DATE: _____

PAYMENT TYPE & AMOUNT: CC \$ _____ CASH \$ _____

CHECK # _____ AMNT \$ _____

MONTHLY STORAGE FEE - \$100 PER MONTH

☐ YES

☐ NO

STORAGE START DATE: _____

PAYMENT TYPE & AMOUNT: CC \$ _____ CASH \$ _____

CHECK # _____ AMNT \$ _____

PLEASE PRINT CLEARLY

MEMBER NAME

FIRST

LAST

SPOUSE NAME

FIRST

LAST

PRIMARY PHONE

SECONDARY PHONE

MAILING ADDRESS: STREET/APT – CITY – STATE- ZIP

E-MAIL ADDRESS:

@

ARE IN OUR FACEBOOK GROUP HICKORY BLUFF MEMBERS?

☐ YES

☐ NO

HOW DO YOU PERFER TO RECEIVE NOTIFICATIONS OF EVENTS, TOURNAMENTS,
MEMBERSHIP RENEWALS?

☐ PHONE CALL TO PRIMARY PHONE

☐ E-MAIL

☐ US MAIL

EMERGENCY CONTACT:

NAME

PHONE

HICKORY BLUFF MARINA & CLUB 2024 MEMBERSHIP

FAMILY MEMBERS LIVING IN THE HOME:

- _____
- _____
- _____
- _____

BOAT INFORMATION:

BOAT #1 MANUFACTURER: LENGTH: COLOR

STATE REGISTRATION NUMBER:

BOAT #2 MANUFACTURER: LENGTH: COLOR

STATE REGISTRATION NUMBER:

USE BLANK PAGE TO ADD MORE THAN 2 BOATS TO YOUR APPLICATION

CREDIT CARD INFORMATION: THIS INFORMATION IS FOR PAYMENT OF **TABS ONLY**. THIS CARD WILL BE CHARGED **WHEN/IF YOUR STORE TAB IS NOT PAID BY CLOSE OF BUSINESS EVERY SUNDAY, AT 6PM.**

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

CARD HOLDER NAME CARD NUMBER

EXPIRATION DATE CVV# (BACK OF CARD)

MAKE CHECKS PAYABLE TO:

HICKORY BLUFF MARINA & CLUB
P.O. BOX 178
PATTERSON, GA. 31557

I HAVE READ, UNDERSTAND, AND HAVE RECEIVED MY COPY OF THE RULES AND TERMS OF THIS MEMBERSHIP AGREEMENT.

X _____

SIGNATURE

DATE