

# Application for Membership



**PLEASE CHOOSE ONE:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Full Family (Ages 40 & Above)      | <input type="checkbox"/> Intermediate Family (Ages 21 - 35) | <input type="checkbox"/> Transitional Single (Ages 36 -39)  |
| <input type="checkbox"/> Transitional Family (Ages 36 - 39) | <input type="checkbox"/> Full Couple (Ages 40 & Above)      | <input type="checkbox"/> Intermediate Single (Ages 21 - 35) |
| <input type="checkbox"/> Full Single (Ages 40 & Above)      |   |   |

## Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State / Providence: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

- Single     Married     Widowed    If married, please fill out the Spouse information below.

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Spouse First Name: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

1.) Child Name: _____	Date of Birth: _____
2.) Child Name: _____	Date of Birth: _____
3.) Child Name: _____	Date of Birth: _____
4.) Child Name: _____	Date of Birth: _____

## Sponsors

- 1.) Primary Sponsor: \_\_\_\_\_
- 2.) Secondary Sponsor: \_\_\_\_\_
- 3.) Secondary Sponsor: \_\_\_\_\_

## Applicants Areas of Interest

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Skiing       | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> XC Skiing     |
| <input type="checkbox"/> Racing       | <input type="checkbox"/> Snowshoe      |
| <input type="checkbox"/> Lessons      | <input type="checkbox"/> Biking        |

Last Name: \_\_\_\_\_



## Authorization

By signing this Membership Application for HoliMont, I hereby authorize HoliMont, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my application for membership is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of HoliMont in the present form or as may be amended.

I also agree to maintain a current credit card account on file with the Club at all times. Should my account become delinquent, I agree the Club shall have the right to bill such past-due amount to my credit card.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing HoliMont. I further declare that the above information which I have supplied on this application is true and correct, and acknowledge that any misrepresentation thereof will be grounds for rejection of my application or dismissal from membership in the club.

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

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

## Payment Information

We accept Visa, Mastercard Discover and American Express

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

### Billing Address *(If different than home address)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State / Providence: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_