

Hill Heights Country Club, Inc. PO Box 296, Destrehan, LA 70047

Member #	‡
Amt. Paid \$ _	
Check#	

Hill Heights Full Membership Application

Name:	Date of Birth:Phone:				
Spouse's name:	Date	e of Birth:	of Birth:Phone		
Address:					
Email:		_ Occupation	Occupation:		
Spouse's email:	_ Occupation:	Occupation:			
Name of Dependents (Living in household)	Age	Bir	thdate	Sex	
 Membership requires a one-tir (\$250.00—members who leave the Members are required to put it (Or pay a \$100 maintenance fee/ Membership is paid year-roun Pay full year \$657.70 (included to the first that the f	me purchase of club in good start of the sta	of stock in the nding can sell the offamily/year to onationwork heart your paymerive: e, but do not exfor first time measure: do not expire) for first time measure. Payments three	club. e stock certificate for \$ o help keep the poor nours are waived 1st gent option. kpire) embers for eligible so ough ACH Transfer s application with a ne	250 to a new member) of looking great. year of membership) wimmers 18 & under wimmers 18 & under by the 10 th of each	
completed Bank Authorization Form			Tr. 11 you wish to pa	y monuny, a	
Signature:			Date:		