

Hide-A-Way Lake Club, Inc. Membership Application

Applicant Information (Fir	st, Middl	e, Last)				
Name:						
Date of Birth:	SSN#			DL# & State:		
Current Address:						Phone:
City:			State:			Zip Code:
How Long?					ow	ed() Single()
Spouse/Co-Owner's Inform	nation (F	irst, Mid	dle, Last	:)		
Name:						
Date of Birth:	SSN#:			DL # & State:		
Current Address:						Phone:
City:		State:			Zip Code:	
Present Employer						
Employer Name:						
Address:						
City:		State: Z		Zip	Code:	
Income (Optional): Years		Years TI	here:		Phone:	
Spouse/Co-Owner:						
Address:						
City:		State: Z		Zip	Code:	
Income (Optional):	Years Th		nere: P		Ph	one:
CHILDREN UNDER 25 LIVI	NG AT H	OME: (F	ULL NAM	IE AND	BIF	RTHDATE)
Name:						DOB:
Name:						DOB:
Name:						DOB:



Persor	nal References:				
Name:			Phone:		
Addres	ss:		How long?		
City:		State:	Zip Code:		
Name:			Phone:		
Addres	ss:		How Long?		
City:		State:	Zip Code:		
Credit	References:				
Compa					
Address:					
Company:					
Addres	ss:				
Person	nal Information:				
HAVE YOU <u>EVER</u> BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (Except minor Traffic violations)? Yes () No ()					
HOW DID YOU HEAR ABOUT HIDE-A-WAY LAKE CLUB, INC.?					
•	WILL YOU BE PERMANENT RESIDENTS	S() <u>OR</u>	WEEKENDERS ()		
RELATIVES LIVING AT HIDE-A-WAY LAKE CLUB, INC.?					
ADDRESS LOOKING TO PURCHASE?					
FINANCING INSTITUTION FOR CURRENT PURCHASE?					
DATE OF CLOSING FOR CURRENT PURCHASE OF PROPERTY?					

You can return application by mail, email, or fax:

Mail: (Admin Office)

Hide-A-Way Lake Club, 101 Hide-A-Way Lane Central, Hideaway, Texas 75771

Fax 903-882-7021 Email: jhayes@hideawaytexas.net



Email:	Cell Phone#:		
Email:	Cell Phone#:		
BY SIGNING MY NAME BELOW, I HEREBY GIVE PINC., TO ACCESS MY CREDIT RECORDS AND RE REPORTS FROM ANY AND ALL CREDIT REPORTIGIVE MY PERMISSION TO MY PRESENT AND PRERELEASE MY EMPLOYMENT (INCLUDING INCOM CLUB, INC. APPLICANT AND CO APPLICANT ACK HEREIN MAY CONSTITUTE GROUNDS FOR REJE	PORTS, INCLUDING ONE OR MORE CREDITING AGENCIES, AND CRIMINAL RECORDS. I EVIOUS EMPLOYERS TO CONFIRM AND/OR E) INFORMATION TO HIDE-A-WAY LAKE KNOWLEDGE THAT FALSE INFORMATION		
SIGNATURE:	DATE:/		
SIGNATURE:	DATE:/		
STATE OF			
On the day of, 20, the undersigned authority, and swore or affirmed upo above is true and correct to the best of his or her personal correct.	n his or her oath that the information set forth		
My Commission Expires:			
	Notary Public		