

HIDE-A-WAY LAKE CLUB MEMBERSHIP APPLICATION

All questions must be answered, an incomplete document
May constitute grounds for rejection

FULL NAME (FIRST, MIDDLE, LAST)			BIRTHDATE
PRESENT ADDRESS			_____/_____/_____ YEARS THERE
CITY	STATE	ZIP	TELEPHONE
MARRIED () WIDOWED () DIVORCED () SINGLE ()			
SPOUSE / CO-OWNER'S NAME (FIRST, MIDDLE, LAST)			BIRTHDATE
SOCIAL SECURITY NUMBER			_____/_____/_____ SPOUSE / CO-OWNER
DRIVER'S LICENSE NUMBER			_____/_____/_____ SPOUSE / CO-OWNER
PRESENT EMPLOYER		INCOME (OPTIONAL)	YEARS THERE
EMPLOYER'S ADDRESS			POSITION/TITLE
SPOUSE / CO-OWNER'S PRESENT EMPLOYER		INCOME (OPTIONAL)	YEARS THERE
EMPLOYER'S ADDRESS			
CHILDREN UNDER 25 LIVING AT HOME: (FULL NAME AND BIRTHDATE)			
PERSONAL REFERENCES:			
NAME, ADDRESS AND TELEPHONE:			
_____ _____ _____			
NAME, ADDRESS AND TELEPHONE:			
_____ _____ _____			
CREDIT REFERENCES			
COMPANY			
ADDRESS			
_____ _____ _____			
COMPANY			
ADDRESS			
_____ _____ _____			
PERSONAL INFORMATION			
HAVE YOU <u>EVER</u> BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except minor traffic violations)? YES () NO ()			
IF YES, EXPLAIN BELOW (attach additional pages if necessary):			
_____ _____ _____			
HOW DID YOU HEAR ABOUT HIDE-A-WAY LAKE CLUB?			
PERMANENT RESIDENTS () <u>OR</u> WEEKENDERS ()			
RELATIVES LIVING AT HIDE-A-WAY LAKE CLUB:			
_____ _____ _____			
FINANCING INSTITUTION FOR CURRENT PURCHASE:			
_____ _____ _____			
DATE OF CLOSING FOR CURRENT PURCHASE OF PROPERTY: ____/____/____			

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E-MAIL: _____ CELL PHONE(S) _____

E-MAIL: _____ CELL PHONE(S) _____

BY SIGNING MY NAME BELOW, I HEREBY GIVE PERMISSION TO HIDE-A-WAY LAKE CLUB, INC. TO ACCESS MY CREDIT RECORDS AND REPORTS, INCLUDING ONE OR MORE CREDIT REPORTS FROM ANY OR ALL CREDIT REPORTING AGENCIES, AND CRIMINAL RECORDS. I GIVE MY PERMISSION TO MY PRESENT AND PREVIOUS EMPLOYERS TO CONFIRM AND/OR RELEASE MY EMPLOYMENT (INCLUDING INCOME) INFORMATION TO HIDE-A-WAY LAKE CLUB, INC. APPLICANT AND CO-APPLICANT ACKNOWLEDGE THAT FALSE INFORMATION HEREIN MAY CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION.

SIGNATURE: _____ DATE ____/____/____

SIGNATURE: _____ DATE ____/____/____

STATE OF _____

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§
§

COUNTY OF _____

On the ____ day of _____, 20____, the above-named person(s) came before me, the undersigned authority, and swore or affirmed upon his or her oath that the information set forth above is true and correct to the best of his or her personal knowledge, information, and belief.

Notary Public

My commission expires: _____

(seal)