

**PINEWOOD
405 COUNTRY CLUB BLVD
SLIDELL, LA. 70458
MEMBERSHIP APPLICATION**

REFERRED BY: _____

	HOA DISCOUNTED	SOCIAL
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Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ D.O.B.: _____

Home phone: (____) _____ - _____ E-Mail: _____

Place of Employment: _____ Work Phone: (____) _____ - _____

Spouse's Name: _____ D.O.B.: _____

Children: _____ D.O.B.: _____

Non-Golf Member HOA agrees to pay *initiation fee* of 0 and \$420 *annual dues in advance*. Annual membership dues may be paid in four (4) QUARTERLY installments of \$105 .

The initiation fee and dues for all membership categories are non-refundable. Applicable sales taxes are included in dues payments. Membership will automatically renew at the end of twelve (12) months unless a letter of resignation is submitted to the office.

THIS IS A ONE- YEAR CONTRACT

BILLING AGREEMENT

A credit card is required as security for payment of your monthly statement. Billing for club dues is provided to you near the beginning of each month. If payment is not received by the fifteenth (15th) of each month the club automatically processes ACH payments. All billing and credit card information will be kept in the strictest confidence. A late fee of one and one half percent (1.5%) of the balance due will be applied if payment is not made by the fifteenth (15th) and/or the credit card company declines authorization on account.

I _____, authorize Pinewood Catering LLC to charge my credit or debit card for all charges, dues, and assessments my family or I incur as members of Pinewood Country club, pursuant to the By-Laws of the club, if my payment has not been received by the fifteenth (15th) of each month. Credit/Debit Card Type _____

Acct. # _____ Exp. Date _____

FINANCIAL AGREEMENT

Member agrees that in the event his/her account is placed in the hands of an attorney for collection, he/she will pay attorney fees in the amount of twenty-five (25%) of the amount or a minimum of \$50.00 as attorney fees.

I agree to pay Pinewood Catering all dues associated with my class of membership. Dues are payable in advance.

Signature _____ Date: _____

ACH AUTHORIZATION FORM

CREDIT-DEBIT AUTHORIZATION FORM

I(we) hereby authorize Pinewood Catering LLC to initiate Credit/Debit entries to my checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Pinewood Catering LLC and the financial institution have a reasonable opportunity to act on it, or until this authorization is revoked by me in writing.

Name of Financial Institution

Address of Financial Institution - Branch, City, State & Zip Code

Signature

Date

Name:

Address:

Financial Institution (| : 123456789 :|)
Routing Number

Your Account Number (1234567890123)

(VOIDED CHECK HERE)

VOIDED CHECK MUST BE ATTACHED

FOR OFFICE USE ONLY

MEMBER NAME: _____