



The Membership Committee  
 HIGHLANDS COUNTRY CLUB  
 110 Hiller Drive, Oakland, CA 94618  
 (510) 849-0743

FOR OFFICE USE  
 FOR OFFICE USE  
 Membership # \_\_\_\_\_  
 Dues of \$ \_\_\_\_\_  
 Start: \_\_\_\_\_

APPLICATION FOR MEMBERSHIP

The undersigned does hereby make application for membership in the Highlands Country Club with its principal place of business in the County of Alameda, City of Oakland, of California, and does hereby subscribe for the class of membership indicated below:

- FOUNDER Owner of a dwelling unit in Hiller Highlands.
- CHARTER Non-resident, voting proprietary member. Transferable with fee.
- ASSOCIATE CHARTER Temporary, non-voting, non-proprietary. Applicant agrees to pay the admission fee of \$ \_\_\_\_\_ for a \_\_\_\_\_ membership.

Current monthly dues for all classes of membership are \$ \_\_\_\_\_ for a full time resident household of four or less. Additional eligible full time resident household members will be charged \$ \_\_\_\_\_ per person per month.

NAME OF APPLICANT: \_\_\_\_\_  
LAST FIRST INITIAL

RESIDENCE ADDRESS: \_\_\_\_\_  
STREET AND NUMBER CITY ZIP

BILLING ADDRESS (if other than residence): \_\_\_\_\_  
STREET AND NUMBER CITY ZIP

PLACE OF EMPLOYMENT: \_\_\_\_\_ Position: \_\_\_\_\_ How long? \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_  
STREET AND NUMBER CITY ZIP

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_  
STATE NUMBER

TWO LOCAL CHARACTER REFERENCES:

1. \_\_\_\_\_  
NAME ADDRESS PHONE
2. \_\_\_\_\_

ELIGIBLE HOUSEHOLD MEMBERS: Club Rules (General, 3): A member of the Club and any member of his or her immediate who is a full time resident of member's household shall be entitled to the use of the facilities of the Club. In the alternative, the privileges of the Club shall be extended to any full time resident of said member's household. However, the maximum number of persons permitted use of the facilities on anyone membership will be five(5). Names and birthdates of the member's household shall be registered with the Club. Amended 11/14/85

SIGNATURE OF EACH HOUSEHOLD MEMBER IS REQUIRED ON THIS APPLICATION

Name of eligible household member (please print)	Relation-ship	Birthdate	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: THIS FORM IS TO BE SIGNED ONLY AFTER THE APPLICATION HAS BEEN ACCEPTED, AT WHICH TIME ANY ADMISSION FEE DUE MUST BE PAID

APPLICANT HAS READ THE CLUB RULES AND AGREES THAT THE APPLICANT AND ANY QUALIFIED HOUSEHOLD MEMBERS WILL ABIDE BY SUCH RULES

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

You, the applicant, may cancel this agreement at any time prior to midnight of the third business day of Highlands Country Club after the date of this agreement, excluding Sundays and holidays. To cancel the agreement, mail or deliver a signed and dated notice or send a telegram to the address above which states that you, the applicant, are canceling this agreement, or words of similar effect.

DATE OF APPLICATION

NAME

CHARTER DO  
ASSOCIATE