

# Heritage Hills Golf Course

## 2025 Membership Form

Name:

Cart Stall #:

Address:

Phone #:

Email Address:

### Memberships (Par Daily Fees: \$12/9H - \$18/18H) All other Daily Fees; \$2

Student | \$400

Single | \$1,800

Par | \$450

Senior Couple | \$2,000

Young Adult (19-25) | \$1,200

Couple | \$2,100

Senior Single | \$1,600

Family | \$2,300

### Other

Punch Pass | \$600

GHIN | \$25/person: \$

### Range Only (Select One)

Student | \$250

Single | \$300

Family | \$400

### Discounts (Select those that Apply)

Super Senior 70+ | \$60

A Shareholder (\$5,000) | \$130

New Membership | \$250

B Shareholder (\$1,000) | \$65

Add Money to Account: \$

Total Membership: \$

(Membership + Other + Account Money - Discount)

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**Spouse Name:**

**Activate GHIN: Y / N**

**Phone #:**

**Email Address:**

**Child Name & Age:**

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- \*All golf memberships include range balls**
- \*Children ages 13 and under golf for free with adult sponsor**
- \*Student - Valid Operators Permit - ages 14-19 or 23 if enrolled full time in college**
- \*Family - to include current household (applicant, spouse, children in school including college ages 14-23)**
- \*Senior - to include individuals 60 years of age or older**
- \*Par members - must live outside zip code 69001 full time**
- \*New Members - are defined as anyone without a membership in 2024**
- \*10% Member Merchandise Discount (Student, Par, and Punch Pass Memberships not eligible for discounts)**
- \*Cart membership is included and independent of cart rental, storage, or trail fees, with 20% of all memberships contributing to the cart fleet and 5% towards the range**

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## Recurring Payment Authorization Form

Example

**Total Membership: \$**

**Total Membership: \$2,300**

**4% Transaction Fee: \$**

**4% Transaction Fee: \$92**

**Total to be Collected: \$**

**Total to be Collected: \$2,392**

I \_\_\_\_\_, authorize Heritage Hills Golf Corporation to charge my credit card on the 1st of each month for \$\_\_\_\_\_ until paid in full. This payment is for my annual golf membership. I understand that there will be a 4% transaction fee to cover all monthly credit/debit card transactions. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

I understand that this authorization will remain in effect until the balance has been paid in full. Therefore, at no point in time shall I stop payment for the months indicated above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. If such an event should arise where withdrawal of funds is denied I shall be responsible for the outstanding balance in full within 30 days of denial.

## Billing Information (Debit or Credit Card)

**Name on Card:**

**Card Number:**

**Zip Code:**

**Expiration Date:**

**Printed Name:**

**Date:**

**Signature:**