



HALF CENTURY CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Type of Membership: (Check One)

New:

Renewal:

Street address:

City:

State:

ZIP Code:

Email:

Date of Birth:

Phone:

EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

HCC CURRENT MEMBERSHIP REFERENCES - MINIMUM OF 2 REQUIRED (NOT FOR RENEWALS)

Name

Name

Name

MEMBERSHIP APPROVAL

Secretary:

Signature:

Name

Signature:

SIGNATURES

I authorize the verification of the information provided on this form and enclose my liability waiver and application fee of \$35 for a new member or \$5 for a renewal. Membership must be approved prior to participation in any HCC activity.

Signature of applicant:

Date: