

HIDE-A-WAY LAKE CLUB, INC.
Club Membership and Water Service Contract

Date: _____

CLUB

I hereby agree as part of my responsibilities and obligations of membership in the Hide-A-Way Lake Club to abide by all the by-laws, rules, regulations and restriction now in effect or which may from time to time be established by the Club together with the Restrictions, Covenants, and Conditions pertaining to Hide-A-Way Lake Subdivision on file in the office of the Chancery Clerk of Pearl River County, Mississippi, and I do further agree to pay reasonable Attorney fees expended by Hide-A-Way Lake Club, Inc., in the event suit is brought against me to enforce any of the foregoing.

I agree to be fully responsible for the actions of my guests and members of my family using Club facilities, roads and other common property. I understand that Club privileges can be suspended or revoked for deliberate violations.

A non-refundable \$500.00 initiation fee will be administered for all new club membership registrations to any person acquiring a lot in the Hide-A-Way Lake community with or without a structure on it. This initiation fee must be paid in full at the time of registration and is subject to full monthly dues in accordance with Hide-A-Way Lake's policy, rules, covenants and regulations. The only exception for administering the initiation fee will be current property owners who are registering a newly purchased adjoining lot.

I agree to pay, by the due date, monthly, quarterly, or annually such dues as the Club from time to time deems necessary (such dues being presently set at \$ _____ per month), and when due, such other charges, fees or assessments as may hereafter be incurred by me as a member of such club. I do further certify that I have purchased or will purchase Lot _____, Unit _____, of Hide-A-Way Lake Subdivision, that I have read the specific portions of the Club By-Laws and Rules and Regulations and that I understand and agree to be bound by the same.

WATER SERVICE AGREEMENT

In consideration of the benefits which will accrue to the undersigned as the purchaser (or owner) of Lot # _____, Unit _____, Hide-A-Way Lake Subdivision of Pearl River County, Mississippi, as described in a Plat thereof, recorded in the Plat Records of Pearl River County, Mississippi, the undersigned do hereby promise to pay Hide-A-Way Lake Club, Inc., its successors or assigns, or its or their water franchise holder, the sum of \$ _____ minimum per month.

It is further agreed and understood that the undersigned shall pay a connecting charge of \$ _____ at such time that a three quarter inch (3/4") service connection to said lot is made. The present monthly rate and connection charges have been approved by the Mississippi Public Service Commission and any future changes will be subject to approval by the same agency. This agreement contains the entire agreement for the parties relating to membership in Hide-A-Way Lake Club, and water service charges. It may not be changed orally, but only by an agreement in writing, signed by an authorized representative of the corporation. Curtailment of such service may be imposed by the Club for noncompliance and a re-connect fee may be charged for resumption of service. The applicant agrees that they have followed the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.

SEPTIC SYSTEM AGREEMENT

In the interests of health and sanitation, I agree that it is my responsibility that I must maintain in proper working order the septic system or any treatment facility which may exist or be installed on my property to include repair, replacement or rehabilitation of such systems. It is also my understanding that such systems will be subject to inspection by Hide-A-Way Lake Club, Inc., at any time to determine compliance with all state or HAWL regulations as may be in effect.

The club shall have the right to impose a fine for noncompliance with the state or HAWL regulations.

NAME: _____	SSN: _____
CELL: _____	BIRTHDAY: _____
NAME: _____	SSN: _____
CELL: _____	BIRTHDAY: _____
HAWL ADDRESS: _____	HOME PHN: _____
CITY: _____	STATE: _____ ZIP: _____
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____

EMPLOYER: _____	WORK PHN: _____
ADDRESS: _____	HOW LONG: _____
EMPLOYER: _____	WORK PHN: _____
ADDRESS: _____	HOW LONG: _____

WITNESS MY HAND THIS THE _____ day of _____, 20_____.

SIGNED: _____ SIGNED: _____

IN CASE OF EMERGENCY: _____
NAME PHONE RELATION

OTHER RESIDENTS NAMES:		
Name	Relationship	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____