



Swim Club & Tiki Bar Application

Applicant Information

HEAD OF HOUSEHOLD

Name: _____
Last First M.I.

Address: _____
Street Address Subdivision

City State ZIP Code

Phone: _____ Email: _____

Single Resident Membership \$300 _____ **Family Resident Membership** \$500 _____

Single Non-Resident Membership \$350 _____ **Family Non-Resident Membership** \$600 _____

Member Renewal _____ FOB # _____

New Member Applicant _____ (\$50 Registration Fee) Additional FOB# _____ (\$25 Fee)

Spouse & Dependent Information

Family Membership- Additional Spouse/Dependents living under the same roof

Full Name:		Relationship:		Age:		DOB:	/ /
Full Name:		Relationship:		Age:		DOB:	/ /
Full Name:		Relationship:		Age:		DOB:	/ /
Full Name:		Relationship:		Age:		DOB:	/ /
Full Name:		Relationship:		Age:		DOB:	/ /

Disclaimer and Signature

I have read and hereby agree to abide by all pool and spa rules and regulations, failure to do so may result in cancellation of said membership and access will be denied. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in immediate revoking of my membership

Member Signature: _____ Date: ____/____/____

Club Representative Signature: _____ Date: ____/____/____

Amount Paid: \$ _____ **Method of Payment:** Cash Credit Card Member Charge Check # _____