



Social Membership: Swim Club & Tiki Bar Application 2022 **must be fully completed**

Applicant Information

HEAD OF HOUSEHOLD

Name: _____
Last First M.I.

Address: _____
Street Address Subdivision

City State ZIP Code

Phone: _____ Email: _____

Single Membership \$400_____ (1 FOB Inc.) **Family Membership** \$600_____ (2 FOB'S Inc.)

Pool Day Pass (Up to 4 People) \$20_____ **Additional FOB** (\$30 Fee) _____

*\$50 Food and Beverage Min. Every Month *Up to 5 people per household for Family Membership

FOB # _____

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 # _____