

Membership Committee
KLAHAYA SWIM & TENNIS CLUB
 PO Box 74
 Edmonds WA 98020-0074

[OFFICE PURPOSES ONLY]

Date of Sale: _____
 Membership Date: _____

TODAY'S DATE: _____

I hereby apply for election to Membership in Klahaya Swim & Tennis Club.

If elected to membership by two-thirds of the Board of Directors, I agree to abide by the By-Laws of the Corporation and all rules and regulations.

If not elected to membership, I am to be so notified within fifteen (15) days of the date of the next Board of Directors meeting, excluding the Annual Membership Meeting.

_____ **SIGNED (Applicant)**

_____ **SIGNED (Spouse)**

_____ **ADDRESS (street, city, state & zip)** _____ **ADDRESS - alternate (street, city, state & zip)**

_____ **PHONE** _____ **PHONE (alternate)**

EMAIL:

Please include an alternate phone number or address. Many people move or change their phone numbers. It becomes difficult to find families in 4-5 years!

To assist in the planning of pool and tennis activities, please answer the following questions about your family:

	NAME	BIRTH DATE	SEX
CHILDREN:			
OTHER REGULAR MEMBERS OF YOUR HOUSEHOLD:			

Mail this application with the \$50 non-refundable fee payable to:

"KLAHAYA SWIM AND TENNIS CLUB"

PO BOX 74

EDMONDS WA 98020-0074

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REPLACES:
 Certificate # _____
 Name: _____