Date of Sale: _____

Membership Committee
Klahaya Swim and Tennis Club, Inc.
P.O. Box 74
Edmonds, Washington 98020

Today's Date: _____
Membership 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 days of the date of the next Board of Directors meeting, excluding the Annual Membership Meeting.

Full Name: _____ Signed: _____
Please print **Applicant**

Spouse: _____ Signed: _____
Please print **Spouse**

Address: _____
City/Zip Code: _____
Telephone: _____

Alternate Phone number _____

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:

Names, birth date and sex of the children:

_____ _____
_____ _____
_____ _____

Other regular members of your household:

_____

Mail this application directly to :
Klahaya Swim and Tennis Club
PO Box 74
Edmonds WA 98020-0074

Please include the $50.00 non-refundable fee
Payable to:
Klahaya Swim and Tennis Club, Inc

REPLACES:
Certificate No: _____
Name: _____