

MEMBERSHIP APPLICATION

ENO VALLEY Swim & Racquet Club

GENERAL INFORMATION: Memberships are accepted from persons 18 years and older and his/her legal spouse. Dependents of the member who are entitled to all the benefits of the membership include a member's unmarried children who have not reached age 21, or who have reached age 21 and are students and financially dependent upon the member. Other persons who are financially dependent upon the member and who currently reside in the member's household may also be considered as dependents pending approval by the board.

Annual dues are \$400 and are invoiced on March 1st and are due by April 1st of each year or within 7 days of the Club's acceptance of membership after May 1st. Annual dues are in addition to the non-refundable membership fee. All fees and dues are subject to change by the Board of Directors.

A \$25 non-refundable application fee (applied to membership upon joining) is required with this application. The fee is forfeited if membership is later declined by the applicant.

FAMILY INFORMATION:

Applicant Name: _____ Street: _____

Spouse Name: _____ City: _____, NC Zip: _____

Marital Status	Phone Numbers	Dependent Children	Age
<input type="radio"/> Married <input type="radio"/> Single	Home: _____	_____	_____
	Emergency(1): _____	_____	_____
	Emergency(2): _____	_____	_____
	_____	_____	_____

Other dependents residing in same household:

Applicant Email: _____ Name: _____

Spouse Email: _____ Relationship: _____

EMPLOYMENT:

Applicant Occupation/Employer	Work Phone	Spouse Occupation/Employer	Work Phone
_____	_____	_____	_____

Now therefore I, or we, the undersigned, in consideration of mutual agreement made severally agree, each for himself or herself with all others, to subscribe for membership in the ENO VALLEY SWIM & RACQUET CLUB and do so agree to pay the following **NON-REFUNDABLE MEMBERSHIP FEE** as indicated. **PLEASE CHECK ONE:**

- PLAN A** – \$450 one-time payment
 PLAN B – \$270 annually for next 2 years (\$540 total)

Signed this _____ day of _____, 20____ Signature: _____

Sponsored by: (please obtain names/signatures of 3 current members; only 1 per family)

_____	_____	_____
(Print Name)	(Print Name)	(Print Name)
_____	_____	_____
(Signature)	(Signature)	(Signature)

Return this application and check for \$25 made payable to:

Eno Valley Swim & Racquet Club
P.O. Box 71047
Durham, NC 27722

The foregoing application after being received and considered by the Board of Directors of the club is hereby: _____ Date: _____ Membership Chair: _____
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