

# MEMBERSHIP APPLICATION

**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 **\$450** and are invoiced on March 1st and are due by April 15th 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: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status
<input type="checkbox"/> Married
<input type="checkbox"/> Single

Phone Numbers

Dependent Children

Age

Home: \_\_\_\_\_  
Emergency (1): \_\_\_\_\_  
Emergency (2): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other dependents residing in the 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.

\$200 one-time payment (**Limited Time**)

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 62033**

**Durham, NC 27715**

**The foregoing application after being received and considered by the Board of Directors of the club is hereby:**

Date: \_\_\_\_\_

**Membership Chair:** \_\_\_\_\_