

# Lavender Mountain Swim & Racquet Club

## New Membership Application

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home# \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Names/relationship of other household or immediate family members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# BLUE member bands issued: \_\_\_\_\_ GREEN guest: \_\_\_\_\_

Card Number \_\_\_\_\_

Membership Fee Paid \$ \_\_\_\_\_

Annual Fee Paid \$ \_\_\_\_\_