

# Springlake Club, Inc.

## Returning Member Application for Membership 2009

Last Name _____ First Name _____ Address _____ City _____ St _____ Zip _____ Phone: (H) _____ (C) _____ Email: _____ Emergency Contact _____ Emergency Phone _____	Please list all family members living IN YOUR HOME Name (including yourself) Relationship Birth Date <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
--	--

I hereby apply for membership in the Springlake Club, Inc. If accepted, I will conform to the Club's By-Laws and Rules and Regulations, and I agree to pay the annual dues plus Capital contribution as prescribed by the Board of Directors. Failure to do so may result in the suspension of my membership. The management reserves the right to address anyone who fails to follow the instruction(s) of the staff or disrespects the rights of the staff or other members. As with all cases, management will be the sole arbitrator in any dispute arising from these issues.

Membership is limited and applications received after April 1 may be subject to rejection due to membership limits. Applications are accepted according to earliest postmark dates. Applications are not accepted without payment in full. New members will be advised of membership by email/phone, promptly following approval of the Board of Directors. In the event any application is incomplete or cannot be accepted; current fees and contributions will be promptly returned. Applications will not be processed unless filled out completely and signed. One photograph of all members must be attached to be processed.

I verify that I have read and agree to the above and that the information provided above is true.

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

<b>Family Membership</b>			
(Family membership is ONLY for family members living in the SAME household)			
	<b>Paid BEFORE April 1</b>	<b>AFTER April 1</b>	
<input type="checkbox"/> 2009 Family Membership	\$650	\$675	_____
<input type="checkbox"/> 2009 Family Membership + \$120 Capital Contribution*	\$770	\$795	_____
<b>Couple Membership</b>			
<input type="checkbox"/> 2009 Couple Membership	\$450	\$475	_____
<input type="checkbox"/> 2009 Couple Membership + \$120 Capital Contribution*	\$570	\$595	_____
<input type="checkbox"/> 2009 SENIOR CITIZEN Couple Membership	\$402.50	\$427.50	_____
<input type="checkbox"/> 2009 SENIOR Couple Membership + \$120 Capital Contribution* (Must be 65 and over to qualify for SENIOR rates)	\$522.50	\$547.50	_____
<b>Single Membership</b>			
<input type="checkbox"/> 2009 Single Membership	\$375	\$400	_____
<input type="checkbox"/> 2009 Single Membership + \$120 Capital Contribution*	\$495	\$520	_____
<input type="checkbox"/> 2009 SENIOR CITIZEN Single Membership	\$335	\$360	_____
<input type="checkbox"/> 2009 SENIOR Single Membership + \$120 Capital Contribution* (Must be 65 and over to qualify for SENIOR rates)	\$455	\$480	_____
<b>Other</b>			
<input type="checkbox"/> Book of 10 Guest Passes		\$50 x _____ books	_____
<input type="checkbox"/> SPL Wireless Internet Usage		<b>FREE</b>	_____
		<b>MEMBER TOTAL:</b>	_____
<p>*The required Capital Contribution for returning members is \$120 per year for the first FIVE years of membership (\$600 total). If you are unsure whether this is owed, or if you have any membership questions, please contact:                  Linda Condon    410-561-8917    <a href="mailto:lcondon@springlakeswimming.com">lcondon@springlakeswimming.com</a></p>			

**Return Completed and Signed form with payment and Picture to:  
Springlake Club, Inc., PO Box 401, Timonium, MD 21094-0401**

**For Official Use Only:**

Check No. _____	Amount Paid _____	Date Received _____	Initials _____
-----------------	-------------------	---------------------	----------------