

BAL HARBOUR ASSOCIATION WINDEMERE RACQUET & SWIM CLUB (WRSC) APPLICATION FOR MEMBERSHIP

Name				
Address				
City, State, and Zip				
Phone Numbers: Home		Cell	Work	
E-Mail Address				
Occupation or Profession				
TYPE OF MEMBERSHIP:	Single	(\$39.21/month)* *includes tax	FAMILY (\$52 *in	28/month)* cludes tax

(Make checks payable to: BAL HARBOUR ASSOCIATION)

(Complete below if Family Membership)

Spouse_____

Child's Name and Date of Birth		Child's Name and Date of Birth	
1.		4.	
2.		5.	
3.		6.	

I hereby apply for membership in the Windemere Racquet & Swim Club. I understand and agree to the following conditions:

- 1. I hereby deposit my initiation fee of \$_____ which, upon acceptance of my application, is not refundable.
- 2. If my application is accepted, my membership is non-transferable and may not be assigned or resold, is non-participating, non-voting and is a personal privilege only, which does not entitle me to any right, title or interest in or to any of the Club's property, assets, profits, earnings, dividends, shares of stock or proprietary interest of any kind.
- 3. It may be necessary for the Club to alter its fee structure from time to time in the future and, upon my acceptance as a member, I will promptly pay, when due, my membership dues and any other charges incurred by me, my family and guests.
- 4. I will conform to and be bound by the Rules and Regulations of the Windemere Racquet and Swim Club and any new rules which may be adopted by the Club.
- 5. If I terminate my membership, I agree to give a 30-day written notice to Bal Harbour Association and pay all fees for which I am liable to the effective date of termination (i.e. 30 days after written notice).

Applicant's signature	Date
*****	**************************************
Check Number	Amount of Check \$