

Membership# _____
Certificate# _____

MIAMI HILLS SWIM & TENNIS CLUB

MEMBERSHIP APPLICATION

Name(s) _____ & _____ Phone: _____

Address _____ Phone: _____

City/Zip _____ E Mail: _____

Members of household residing in the member's house: 1] the entire year, unmarried dependent, under the age of 20. 2] partial year, unmarried dependent, under the age of 25. 3] partial year, shared custody dependent who meets the previously mentioned age guidelines. 4] the entire year, adult dependent, over the age of 20).

	Name	DOB	Name	DOB
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

I verify that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant(s) _____
Date of Application

Please send the Application and Application Fee \$50 (payable to Miami Hills Swim & Tennis Club) to:

Miami Hills Swim & Tennis Club Attn: Membership P.O. Box 415 Milford, OH 45150

FEES

Application Fee \$ 50.00

At time of Membership Acceptance

Initiation Fee **\$320.25 (includes sales tax)**

Bond Fee **\$300.00** for one share of stock

Yearly Dues **\$625.00 (includes sales tax)**

For office use only

Application Fee \$ _____ Initiation Fee \$ _____ Bond Fee \$ _____ Yearly Dues \$ _____

Date Paid _____ Date Paid _____ Date Paid _____ Date Paid _____

Check# _____ Check# _____ Check# _____ Check# _____

Welcome letter & bond _____ Added to roster _____
