

Ridgeland Forest Swim & Racquet Club

Application for Sponsored Membership

I/We, _____, do hereby apply for a sponsored membership in the Ridgeland Forest Swim and Racquet Club.

Sponsoring Family: _____

It is understood that the sponsored membership annual dues are Three Hundred Seventy-Five Dollars (\$375.00) with the maintenance fee of One Hundred Dollars (\$100.00) waived for the first year, of which, is paid in full at the time of execution of this application. Payment is to be mailed to the Ridgeland Forest Swim and Racquet Club, at 1470 Ridgeland Ct, Lilburn, Georgia 30047, ATTN: Treasurer.

Per the by-laws, Seventy-Five Dollars (\$75.00) of the annual membership dues will be issued to the sponsored member family as a non refundable credit to be applied as annual installments toward payment of the initial membership fee. Accumulated credit of Four Hundred Fifty Dollars (\$450.00) will result in a change from sponsored to active membership.

Per the by-laws of the association, if accepted for a second and all subsequent years, the annual fee for a sponsored membership is the amount set forth in the by-laws for the annual dues and maintenance fee and is payable in full each year by the **15th of May**.

It is understood that a sponsored membership is a non-equity, non voting membership and will be reviewed annually by the Board of Directors for continued membership.

It is understood that a sponsored membership is subject to all current by-laws and pool rules.

_____ I/We own our home.

_____ I/We do not own our home.

Signed this _____ day of _____, 20_____.

Applicant

Applicant

Accepted on behalf of Ridgeland Forest Swim and Racquet Club:

2011 Membership Information Form

Primary Applicant(s) First and Last Name(s): _____

Address: _____
 _____, GA _____

Primary Phone: (____)____ - _____ Type: home cell work

Secondary Phone: (____)____ - _____ Type: home cell work

In case of emergency call: (____)____ - _____

RFSRC uses email as the primary mode of communication regarding pool happenings and events, please list any email addresses you wish to receive communications.

Primary Email: _____ @ _____ . _____

Secondary Email: _____ @ _____ . _____

Other Email: _____ @ _____ . _____

Please list **all** members of your household on a separate line including first AND last name, birth month and birth year for all individuals under 18, and relationship to person (re)applying for RFSRC Membership.

First Name	Last Name	Birth Month/Year or >18	Relationship to Applicant
		____ / ____ <input type="checkbox"/> 18 or older	
		____ / ____ <input type="checkbox"/> 18 or older	
		____ / ____ <input type="checkbox"/> 18 or older	
		____ / ____ <input type="checkbox"/> 18 or older	
		____ / ____ <input type="checkbox"/> 18 or older	
		____ / ____ <input type="checkbox"/> 18 or older	

NOTE: RFSRC reserves the right to ask members for proof of residence.