

The Mark Trail Swim and Tennis Club

www.MarkTrailClub.com

Membership Application

Applicant

Applicant Name(s): _____

Children Names: _____

Date Of Birth: _____

Contact Information:

Address: _____

Home Phone: _____ Email(s): _____

Applicant's Employer/Occupation: _____ Business Phone: _____

Spouse's Employer/Occupation: _____ Business Phone: _____

Membership:

Please select a membership option and method of payment below:

<input type="checkbox"/> Full Member (Pay In Full) 2007 Dues: \$475 Initiation Fee: <u>\$445</u> Total: \$920 SAVES YOU \$50 OFF INITIATION FEE	<input type="checkbox"/> Full Member (Installment Plan) 2007 Dues: \$475 Initiation Fee*: <u>\$165</u> Total: \$640 * Installment 1 of 3. Member will be billed \$165 plus annual dues in each of the subsequent two years	<input type="checkbox"/> Associate Member** 2007 Dues: \$575 Initiation Fee: <u>\$ 0</u> Total: \$575 ** Option is limited to one season per family. Cannot serve as an officer or on the Board of Directors. If member joins as Full Member in next season, \$100 will be credited towards the initiation fee.
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Method of Payment:

Check in the amount of \$_____ is enclosed. Please make check payable to **Mark Trail Club**

Credit Card payment in the amount of \$_____ for membership dues/fees plus PayPal transaction processing fee has been processed. Please visit Membership area of www.marktrailclub.com for instructions on paying by credit card.

IMPORTANT - Our Club is a non-profit, volunteer-run organization. Our success depends on your participation.

Please indicate which of the following committees you would be willing to serve on:

Social Directory Rules & Regulations Tennis Membership Other _____
 Operations Board of Directors Grounds Swim Team Newsletter

In applying for membership to the Mark Trail Club, I agree to abide by the Club bylaws, rules, and regulations. I further agree to pay the fees and assessments as set by the Board of Directors in accordance with the bylaws of the Club.

Signature: _____ Spouses Signature: _____

Please Return this Form to:

Paula Martin, Treasurer, 200 Seville Chase Atlanta, GA 30328 Phone : 770 396 7882

Questions Regarding Membership: Bruce Kramer, 770-395-0855
E Mail: bkramer@mindspring.com