



## PERMANENT MEMBERSHIP APPLICATION

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Co-Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Applicant's Work #: \_\_\_\_\_ Applicant's Cell#: \_\_\_\_\_

Co-Applicant's Work #: \_\_\_\_\_ Co-Applicant's Cell #: \_\_\_\_\_

Applicant's E-Mail Address: \_\_\_\_\_

Co-Applicant's E-Mail Address: \_\_\_\_\_

### Children (Legal Dependents):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

### Other: (Live-in or Nanny)

Name: \_\_\_\_\_ Relation/Position: \_\_\_\_\_  
(This person must show ID to enter pool)

Emergency Contact: \_\_\_\_\_ Contact No: \_\_\_\_\_

Referred By: \_\_\_\_\_

*If you were referred by a LSTC member, employee or Realtor,  
please provide their name to us for referral credit:*

**Please read and sign back of Membership Application**

**Permanent Members are required to pay a one-time, non-refundable initiation fee at the time of membership. Annual dues are payable by January 31 of each year. All fees are established by the elected Board of Directors. Membership in Lochmere Recreation Club, Inc. does not confer upon Member any ownership in or liability for the property or assets of the Club. Permanent members have voting rights and may be elected to the Board of Directors. All fees must be paid in order to be a member in good standing and to have access to the facilities and programs.**

**By signing this application, I(we) hereby apply for membership in Lochmere Recreation Club, Inc. By signature below, I(we) acknowledge that I am responsible for abiding by the rules and regulations of the Club\* as well as the operational policies of the pool, tennis courts and all other Club facilities as outlined in the Bylaws and Member Handbook. I(we) agree to pay all dues and fees associated with my membership, including guest fees and lesson fees, in a timely manner. I(we) acknowledge that failure to conform to any of the above can result in suspension and or revocation of my Membership at the discretion of the Board of Directors at which time I(we) would not be eligible to use the facilities or Club programs and will not be eligible for any refunds.**

**I(We) acknowledge that all information is correct.**

**May we include your contact information in the Club Directory? YES NO**

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**Applicant's Signature**

**Date**

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**Co-Applicant's Signature**

**Date**

***For Club Use Only***

**Approved By: \_\_\_\_\_ Date: \_\_\_\_\_**

**Payment: \_\_\_\_\_ Check No: \_\_\_\_\_ CC: \_\_\_\_\_ Other: \_\_\_\_\_**

**Membership Number: \_\_\_\_\_**

**Referral Paid to: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_**