Lakeside Swim & Racquet Club

P.O. Box 9614 Richmond, VA 23228

Membership Application – 2012 Season

I hereby apply for membership in the Lakeside Swim & Racquet Club, known hereafter as LSRC, and understand that this application is for the people listed below residing in the *same household.* I am aware of, and will faithfully uphold and abide by, the purposes, principles, rules, and by-laws of the LSRC, now and as hereafter duly adopted.

I understand that the Board of Directors must approve me, my spouse/other, and/or my dependent children for membership as set forth by the LSRC by-laws. If the LSRC Board of Directors does not accept my application, for any reason, all money collected for this membership will be promptly refunded.

Applicant Information (please print):

First Name:	Last Name:
Birthdate (required for Senior Membership): / /	Email:
Address:	Home Phone:
City, State, Zip	Cell Phone:
Employer:	Work Phone:
Emergency Contact Name/Telephone:	

Spouse/Other Information (please print):

First Name:	Last Name:
Cell Phone:	Email:
Employer:	Work Phone:

Dependent Information (please print):

First/Last Name	DOB	First/Last Name	DOB
	/ /		/ /
	/ /		/ /
	/ /		/ /

Membership Fee: $499

Includes full membership fee of $350, first year's reduced dues of $99, and the SBLA assessment fee of $50.

Type of Membership (please check one):

☐ Single ☐ Dual (family of 2) ☐ Tennis
☐ Senior Single (65 or older) ☐ Senior Dual (65 or older)
☐ Family (3 or more) ☐ Household (3 or more)

Payment Information:

I understand that half of the membership fee must accompany this application and that the remainder of the fee must be paid no later than four weeks from the date the application and first payment is received. **Access to the facility will not be granted until full payment has been received.** Payments can be made in the form of a check (payable to LSRC) or via credit card (only if paying in full). There will be a $10 service fee applied to all credit card transactions and a $30 charge for all returned checks. Please contact Kim Barnes, Membership Chair, at golsrc@yahoo.com regarding any questions or concerns.

Credit Card Type: ☐ Mastercard ☐ Visa ☐ American Express	Amount:
Credit Card Number:	Code:
Signature:	Exp Date:

IMPORTANT: If you were referred by a current member, please include their name and telephone number below so they get credit for your referral:

_____

_____

AMOUNT ENCLOSED: _____

_____
Applicant's Signature Date

_____
Approved by Date