



P.O. Box 29074
Atlanta, GA 30359

MEMBERSHIP APPLICATION

I hereby make application for membership in Twin Lakes Swim and Tennis and, if accepted, agree to comply with all Rules and Bylaws of said corporation. Enclosed is my \$50 application fee.

Applicant's Signature _____

Date _____

COMPLETE THE INFORMATION BELOW (Please print legibly.)

Applicant's Name _____

(first)

(last)

Spouse's Full Name _____

Home Address _____

City & ZIP Code _____

Home Telephone _____

Email Address _____

Full Names of Children Residing in Household including Date of Birth:

Full Names of Others Residing in Household Who Will Use Club Facilities (& Relationship)

Check the appropriate box. If you are unsure, the boundaries are detailed on the website/membership page. Please include a copy of your most recent residential power or gas bill with your application as proof of residence.

We live "inside" the geographic boundaries (as defined in the membership information)

We live "outside" the geographic boundaries.

Application Fee: \$50.00. You must submit a **check payable to Twin Lakes Swim and Tennis for \$50** and your proof of residence with this Application. This amount will be applied toward your initiation fee, and is refundable should you withdraw your application prior to being offered membership. For your information the current Initiation, Membership and Annual Dues fees are listed below. These fees are subject to change. These fees will be due once you are offered a membership. **However, please do not send additional funds until the club's Membership Chair instructs you.**

Initiation Fee	\$400
Membership Fee	\$400
<u>Number in Household</u>	<u>Annual Dues</u>
1	\$330
2	\$400
3	\$470
4	\$540
5	\$610
6	\$680
Each additional member add	\$ 70

NOTE: Dues must be paid for all household members, unless they qualify for an exemption. The only valid exemptions are explained in the Twin Lakes Club Bylaws, 2.10. Children under the age of 3 on Jan. 1 of said year or children 18 years of age or older who do not use the facility are exempt.

**MAIL APPLICATION,
PROOF OF RESIDENCE
& CHECK TO:
Barbara Taylor
2387 Greenglade Rd.
Atlanta, GA 30345**

TOTAL Amount Due \$ _____ (The \$50.00 Application Fee will be applied to the initiation fee after membership is offered)

FOR OFFICE USE ONLY: Date Application, Proof of Residence & \$50.00 Fee Received: _____

Date Contacted for Membership: _____ Date Total Fees Received: _____ Amount: \$ _____

New Member Packet Sent _____ Added to Database _____ Certificate Sent _____ Certificate Number _____