Mallory Pool & Recreation Association, Inc.

Membership Application 2009

NAME: _____
LAST FIRST MIDDLE

ADDRESS_____
STREET CITY STATE ZIP

OCCUPATION_____ HOME PHONE:_____

EMERGENCY CONTACT: _____PHONE:_____

E-MAIL ADDRESS_____

List below any family members, which should be considered for membership as a part of this application. Children must be age 22 or younger and be a student.

SPOUSE:_____

CHILDREN:_____AGE:_____

CHILDREN:_____AGE:_____

CHILDREN:_____AGE:_____

CHILDREN:_____AGE:_____

MEMBERSHIP TYPE: LIFETIME ☐ ANNUAL☐ FIRST TIME MEMBER☐

MEMBERSHIP Category: Family☐ Single☐ Couple☐ or Parent/1 Child☐ Senior☐

EARLY BIRD ELIGIBLE YES ☐NO☐

MEMBERSHIP DUES $_____ CASH☐ CHECK☐
PAYMENT PLAN (Due dates 4/18, 5/16, 6/15)

#1 -$_____ CASH☐ CHECK☐ DATE_____

#2- $_____ CASH☐ CHECK☐ DATE_____

#3 -$_____ CASH☐ CHECK☐ DATE_____

PLEDGE: UPON APPROVAL OF THIS APPLICATION FOR MEMEBERSHIP IN THE MALLORY POOL AND RECREATION ASSOCIATION, INC., BY THE BOARD OF DIRECTORS, I DO HEREBY AGREE TO THE ABOVE MEMBERSHIP FEES AND SHALL ABIDE BY THE CONSTITUTION, BY-LAWS, AND OTHER RULES AND REGULATIONS ESTABLISHED BY THE BOARD OF DIRECTORS. I SUBMIT TO ANY INVESTIGATION DEEMED NECESSARY BY THE MEMBERSHIP COMMITTEE AND THE DIRECTORS PRIOR TO A VOTE ON MY APPLICATION FOR MEMBERSHIP.

_____ _____
SIGNATUR OF APPLICANT SIGNATURE OF SPOUSE

APPLICANT APPROVED BY: _____ DATE:_____

THIS APPLICATION IS NOT COMPLETE AND MEMBERSHIP APPROVED UNTIL SIGNED BY A BOARD MEMBER AND EMBOSSED.
**A RETURN CHECK FEE OF $25 WILL BE CHARGED FOR ANY CHECK THAT IS RETURNED UNPAID. Membership may also be suspended until payment is resolved.*