

2017 PERMANENT MEMBERSHIP APPLICATION
Highlands Swim and Tennis Club, Inc.

c/o Mary Tenney, Membership Records Manager, 1901 Torregrossa Court, McLean VA 22101 • 703-893-6860 -- mary.tenney@gmail.com

I hereby apply for a Permanent membership at Highlands Swim and Tennis Club. I understand that family memberships include full membership privileges and full use of all club facilities for my immediate family, including and limited to family members **living in my household**: husband and/or wife, unmarried children, grandparents, and live-in domestics. *(Not eligible: nieces, nephews, cousins, friends, or grandchildren visiting for the summer. Guest tickets may be purchased for these individuals.)* Permanent membership fees for the 2017 season are as follows and are subject to change for the 2018 season.

Family Membership:

Bond Payment: \$600. *(Refundable)**

Initiation Fee: \$1250.

Construction Assessment: \$175.

Annual Dues: \$850.

TOTAL: \$2,875.

Individual Membership:

Bond Payment: \$450. *(Refundable)**

Initiation Fee: \$500.

Construction Assessment: \$175.

Annual Dues: \$525.

TOTAL: \$1,650.

** Bond Value is refundable upon the future sale of my membership.*

Please enclose a check for \$50 *(made payable to Highlands Swim and Tennis Club)* to cover your application fee for the 2017 season. Please do *not* enclose your dues payment with this application.

I understand that the \$50 application fee makes me eligible for the membership requested, is *non-refundable*, and covers my application for the 2017 season and the subsequent season. If there is a waiting list for 2017 membership at the time you receive my application, my application will be placed on the Highlands Waiting List in the order in which it is received (by postmark date).

There are certain inherent risks involved in participating in swimming and tennis programs and I agree that all children included in my membership age 10 and older must have emergency information on file at the front desk. Highlands Swim and Tennis Club, its employees, and volunteers are not in a position to be responsible for any unforeseeable or uncontrollable hazards that may result in injury or death, and/or damage to personal property.

Signature of applicant: _____ Date: _____

Please complete the following information: *Please notify Highlands of any changes in the information listed below.*

Applicant's full name: _____ Spouse's full name: _____

Applicant's occupation: _____ Spouse's occupation: _____

Mobile phone: _____ Mobile phone: _____

Home phone: _____ *(Optional):* Referred by Highlands Member: _____

Home Address: _____

City: _____ State: _____ Zip (+4) _____

E-mail address *(for updates and notification)*: Please print clearly: _____

Please list children and birth dates:

1. Name: _____ Birth date: // ____

2. Name: _____ Birth date: // ____

3. Name: _____ Birth date: // ____

4. Name: _____ Birth date: // ____

5. Name: _____ Birth date: // ____

6. Name: _____ Birth date: // ____