



PARK TERRACE

SWIM & TENNIS CLUB

5500 Parkfield Court
Sacramento, CA 95822
916-448-2896
Info@ptswimtennis.com

For Office Use Only

Membership # _____

Effective Date _____

Application for Membership

Date _____

Owner _____
Last Name First Name M.I.

Co-owners _____
Last Name First Name M.I.
(co-owners must be members of the same household)

Home Address _____

City _____ Zip _____

Main Phone _____ Additional Phone _____

Owner Email Address _____

Co-Owner Email Address _____

Owner Employer _____ Position _____

Co-Owner Employer _____ Position _____

Children Eligible for Club Privileges as Defined in By-Laws:

First Name _____ Birth Date _____ Age _____

First Name _____ Birth Date _____ Age _____

First Name _____ Birth Date _____ Age _____

First Name _____ Birth Date _____ Age _____

Member _____ Friend _____ Website _____

Other _____

Member References

2. Would you, or any of your family, be willing to serve as a member of a club committee?

House & Grounds _____ Children's Parties _____

Entertainment _____ Tennis _____

Swim Team _____ Board of Directors _____

3. What part of the club would your family utilize the most

Swimming _____ Tennis _____ Summer Camp _____

Swim Team _____ Social Events _____

4. Would you like your monthly statements mailed or emailed? _____

Owner Agreement: to be initialed at time of buy in:

____ As owners, our family agrees to the Park Terrace house policies and by laws that have been provided to me.

____ As owners, our family agrees to keep our Park Terrace account current and pay monthly dues and additional charges by the 15th of the month.

____ An Automatic Payment form has been completed and turned in for our families monthly payments.

Owner Signature _____ Date: _____

Co-Owner Signature _____ Date: _____

Club Representative: _____ Date: _____