PARK TERRACE
SWIM & TENNIS CLUB

5500 Parkfield Court
Sacramento, CA 95822
916-448-2896
Ptregistrar@gmail.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: _____