

Summit Community Association
Swim and Tennis Club
2021 Application for Membership

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|--|--|
| Names of Adult Heads of Family (first & last names living at the address) | |
| Street Address | |
| City and Zip | |
| EMAIL Address - <u>PRINT LEGIBLY!!</u> THIS IS REQUIRED | |
| Home and Cell Phone | |

List Dependent Children Living At The Above Address Below:

| Name | Age | Name | Age |
|------|-----|------|-----|
| | | | |
| | | | |
| | | | |

Would you like info about Swim Lessons or the SwinBabySwimISR program at the pool? Yes No

Check New or Returning Member: *Returning member, please list job(s) number (first 5 digits only).*

| | | | |
|-------------------------------------|---|-----------|--|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Returning Member | Key Fob # | |
|-------------------------------------|---|-----------|--|

Membership Type and Fees: *Choose one*

| | Membership | Paid by May 15 | After May 15 |
|--|----------------------|----------------|----------------|
| | Pool & Tennis | \$ 420 | \$ 450 |
| | Pool Only | 375 | 410 |
| | Tennis Only | 285 | 285 |
| | Single Adult AM Swim | 185 | 185 |
| | Extra Key Fob | 35 | 35 |
| | Lost Key Fob | 50 | 50 |
| | Total Payment | \$..... | \$..... |

Payment options:

- Check payable to "Summit Community Association"
- Online via PayPal at www.thesummitatsumkerise.com (\$10 service fee applies)

New Members: If referred to us by a current Non-Resident Summit Pool & Tennis member, fill in Referral Member's Name

Please Remit Application Form with payment to:
Jena Gress 1656 Trotters Lane Smoke Rise, GA 30087
Phone: 419-506-0559 email: smokerisesummitpool@gmail.com

Members will receive a confirmation email once their application has been processed with directions regarding their key fob. New members will receive one fob with their membership. Returning members will continue to use their past fob.