

ALPINE HILLS MEMBERSHIP APPLICATION

The undersigned (hereinafter referred to individually or collectively as “Applicant”) hereby applies for membership in Alpine Hills Tennis and Swimming Club, Inc. (the “Club”). The members of Applicant’s household (the “Family”) are as follows:

Applicant 1 Name (print)	Marital status*	Birthdate	Email Address
Applicant 2 Name (print)	Relationship to Applicant No. 1	Birthdate	Email Address
Name (print)	Relationship to Applicant No. 1	Birthdate	Email Address
Name (print)	Relationship to Applicant No. 1	Birthdate	Email Address
Name (print)	Relationship to Applicant No. 1	Birthdate	Email Address
Name (print)	Relationship to Applicant No. 1	Birthdate	Email Address
Name (print)	Relationship to Applicant No. 1	Birthdate	Email Address
Nanny/Caregiver Name**	Live-in? Yes / No	Mobile Phone	Email Address

**Include domestic partnership if applicable. **Use of Club facilities by nannies and caregivers is subject to Club rules, regulations and policies. Only the Family members listed above are authorized to use the Club facilities.*

Home Street Address, City, State, Zip Code		Home Phone	How Long in Community
Applicant No. 1 Mobile Phone	Applicant No. 1 Occupation	Applicant No. 1 Employer name, address and phone number	
Applicant No. 2 Mobile Phone	Applicant No. 2 Occupation	Applicant No. 2 Employer name, address and phone number	

Release of Liability:

Applicant understands that the use of Club facilities may involve risk of bodily harm and/or damage to or loss of property. Applicant, on behalf of the Family, assumes the risk of any such bodily harm and/or damage to or loss of property, agrees that the Club will not be responsible for any such bodily harm and/or damage to or loss of property, and agrees to indemnify, defend and hold the Club harmless from any and all claims arising from any such bodily harm and/or damage to or loss of property.

Joint and Several Liability:

Applicant shall be jointly and severally liable for any and all claims, charges, dues, assessments and monetary obligations due to the Club incurred by any Family member.


Do you permit the Club to take emergency action in case of an accident?	Yes / No
Doctor’s Name, Address & Phone Number:	
Name Personal Reference/referral (Preferably an Alpine Hills member in good standing)	
Type of Membership: ___ Family ___ Couple ___ Single ___ Legacy	

Applicant understands, acknowledges, and agrees that:

- The Membership application deposit is non-refundable. Upon admission to the Club as a full member, Applicant’s application deposit will be applied toward the initiation fee. The Applicant will be responsible for paying the balance of the remaining initiation fee, and all dues, fees and assessments. All members are responsible to pay applicable dues, fees and assessments in a timely manner.
- A Membership consists of immediate family members only and Applicant’s children are no longer considered members upon reaching the age of 25.
- The Membership initiation fee and monthly dues may change at any time during the application process and Applicant will be subject to any such changes.
- Upon resigning from the Club, Applicant will be entitled to 20% of the initiation fee at the time of resignation, and is responsible to pay all dues, fees and assessments until Applicant’s membership is filled by the Club

Upon becoming full members, Applicant agrees that:

- Applicant has received the Club’s latest audited financial statement and is familiar with the Club’s financial position.
- Applicant has read and understands the Club’s bylaws, rules and regulations (the “Member Obligations”) and understands that they may change from time to time. Applicant, on behalf of the Family, agrees to abide by, and be subject to, the Member Obligations and Club policies, and agrees to abide by, and be subject to, resolutions of the Club’s Board of Directors and actions approved by Club’s shareholders.

By Applicant’s signature below, Applicant agrees to all of the foregoing.		
Print Applicant 1 Name	Applicant 1 Signature	Date:
Print Applicant 2 Name	Applicant 2 Signature (all spouses / partners must sign)	Date:
Accepted and Agreed: Alpine Hills Tennis & Swim Club, Inc. BY:  Eric Quade, General Manager		

Please include \$3,000.00 non-refundable deposit to process application.

Welcome to Alpine Hills Tennis and Swimming Club,

We are excited that you have decided to become a Member of Alpine Hills. Currently we have a waiting list to join the Membership. We will add your name to the bottom of the list and contact you when space allows. Waitlisted Members reaching the top of the list must join at that time or forfeit their Non-Refundable deposit. You **cannot** defer to the end of the waiting list or postpone your start date. Please feel free to contact the Club to check your current position on the list.

If you have previously participated in programs at the Club as a Non-Member, your Non-Member account and Credit Card information on file will be inactivated. We will provide you an account while on the waiting list that will allow you to partake in all programs and activities open to Non-Members. Your participation in these programs will be charged at Member rates. These activities include Tennis and Swimming lessons, Personal Training sessions, and Fitness classes. You will receive a monthly emailed statement on the 2nd of each month. The balance is due by the 25th of the month and is payable by check made out to Alpine Hills.

While on the waiting list you are **not allowed** to use the tennis courts, swimming pools, fitness facilities or food and beverage services. You may however, accompany a current Member at the Club as a registered guest twice a month. Guest fees will be charged to the current Member.

We look forward to your family becoming full members in the near future. If you have any questions feel free to call the Club for more information.

Please sign and date your acknowledgment of this Waitlist Policy:

Applicant 1 Signature: _____

Applicant 1 Printed Name: _____ **Date:** _____

Applicant 2 Signature: _____

Applicant 2 Printed Name: _____ **Date:** _____



Eric Quade
Alpine Hills Tennis and Swimming Club
General Manager