



westmedicinelake
COMMUNITY CLUB

Membership Application:

- \$35 per twelve month period: **Single Membership**
- \$50 per twelve month period: **Family Membership (includes dependent children under 18)**

Eligibility for Membership: Any reputable person of legal age, of either sex, a resident or non-resident of the community shall be eligible for membership. Each paid membership includes email notification of meetings, events, and newsletters.

Name:		
Address:		
City:	State:	Zip:
Home Phone: ())	Work Phone: ())	
Cell Phone: ())	Email:	

Family Membership Info:

Name of Spouse/Significant Other/Partner:

I am interested in:

- | | |
|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Assisting with Club Events |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Dancing/Dance Lessons |
| <input type="checkbox"/> Socials | <input type="checkbox"/> Exercise Program/Events |
| <input type="checkbox"/> Other Interests (please list) _____ | |

I certify that I am at least 18 years of age. I do hereby waive and release the Club, its board of directors, and members from any and all liability arising from injuries and/or property I may suffer, including cost and expenses incurred as a result of my participation in Club activities. Further, I hereby grant full permission to any and all foregoing to use any photographs, videos, motion pictures, recording or any other record of any Club event for any legitimate purpose.

Signature _____ **Date** _____

<i>For office use only</i> Amount: \$	Date Paid:	Cash or Check #
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