

Membership Transfer Application

Quail Ridge Tennis & Swim Club

PO Box 824, Sanford, NC 27331

Current Member

Name: _____

Address: _____

Email address: _____

Phone: _____ Certificate #: _____

New Member

Name: _____

Physical Address: _____

Mailing Address: _____

Email address: _____

Home Phone: _____ Work Phone: _____

Children's Name(s) and Birth Date(s): _____

The undersigned applies for membership in the Quail Ridge Tennis & Swim Club and agrees to abide by the rules, regulations and by-laws of the Club. It is understood that admission to membership is subject to action by the Board of Directors. Transfer fee of \$50 is enclosed.

Signature: _____ Date: _____

Rules and Fees for Transfer Approval:

1. All Membership Dues must be current
2. Transfer fee: \$50
3. Quarterly Membership Dues: \$100