

MEMBERSHIP APPLICATION

-HAMMOND HILLS SWIM AND TENNIS ASSOCIATION



MEMBER INFORMATION

Full Name: Date of Birth:

Street Address:

City: State: Zip Code:

Phone: E-Mail:

Additional family members/caregivers on membership:






Full Name: <input type="text"/>	Date of Birth: <input type="text"/>
Full Name: <input type="text"/>	Date of Birth: <input type="text"/>
Full Name: <input type="text"/>	Date of Birth: <input type="text"/>
Full Name: <input type="text"/>	Date of Birth: <input type="text"/>
Full Name: <input type="text"/>	Date of Birth: <input type="text"/>
Full Name: <input type="text"/>	Date of Birth: <input type="text"/>

INVOLVEMENT




We encourage all families to be involved with HHSTA. Please select any areas you may be interested volunteering your time.

☐ GROUNDS ☐ SWIM TEAM ☐ FINANCE ☐ TENNIS ☐ MEMBERSHIP ☐ SOCIAL ☐ PUBLICITY

MEMBERSHIP DUES

 <input type="checkbox"/> CURRENT CERTIFICATE MEMBER <u>\$600</u>	 <input type="checkbox"/> SINGLE/SENIOR MEMBERSHIP <u>\$350</u>
 <input type="checkbox"/> HOUSEHOLD MEMBERSHIP <u>\$700*</u> <i>Seasonal dues increase to \$725 05/15/2022</i>	 <input type="checkbox"/> TENNIS ONLY MEMBERSHIP <u>\$250</u>
 <input type="checkbox"/> COUPLES ONLY MEMBERSHIP <u>\$400</u>	<u>\$100</u> NEW MEMBER PROCESSING FEE

PAYMENT METHODS

 CHECK Payable to: HHSTA P.O. Box 720017 Sandy Springs, GA 30358	 PAYPAL hammondhillsswimga@gmail.com	 VENMO @Hammond-Hills-1
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PLEASE USE FRIENDS AND FAMILY FOR ELECTRONIC PAYMENTS TO AVOID FEES. MEMBER RESPONSIBLE FOR ANY FEES.

For more information or to request an invoice, please contact hammondhillsswimga@gmail.com.
Thank you for your membership!