

Monte Sano Club, Inc.

Application for Membership

Name: _____

Phone No(s): _____

Spouse: _____

Address/Zip Code: _____

Email Address: _____

Place of Employment: _____

List household members who will use the pool. (If they are minors, please give the month and year each child was born.)

Emergency Point of Contact: _____

Phone Number(s): _____

Personal References (2) (Preferably Monte Sano Club Members):

Member Endorsement (1) (Must be Monte Sano Club Member):

Method of Purchase

Membership to be purchased from the Monte Sano Club: Yes _____

Membership to be purchased from a Club member: Yes _____
(Transfer fee is \$125.00.)

Club Members Name: _____

Please make transfer check payable to **Monte Sano Club, Inc.**

Mail or drop off checks and application to: Greg Wright
 3022 Thompson Circle
 Huntsville, AL 35801

I agree to abide by all by-laws, rules and regulations adopted by the membership of the Monte Sano Club and established by the Board of Directors,

Signature and Date: _____

When the Pool Board has approved your Membership a membership packet will be mailed to you. (Approval to occur either at a regular scheduled or special meeting of the board, depending on the timing involved.)

Board Action:

Approved: Yes _____ No _____