
SANTA LUCIA CLUB

APPLICATION FOR MEMBERSHIP PRIVILEGES

PERSONAL INFORMATION:

Dr. () Mr. () Ms. ()

Name (Please Print): _____

Primary Residence: _____
Street

City State Zip

Telephone: () _____ ID #: _____

Telephone: () _____ Date of Birth: _____

Marital Status: Single () Married ()

Email Address: _____

Occupation and/or Nature
of Business or Profession: _____

Name of Company and Title: _____

Business Address: _____
Street

City State Zip

Telephone: () _____ Years in Present Employment: _____

SPOUSE INFORMATION

Dr. () Mr. () Ms. ()

Name (Please Print): _____

Date of Birth: _____ ID #: _____

Driver's License Number: _____ State: _____

Email Address: _____

Occupation and/or
Nature of Business or Profession: _____

Name of Company and Title: _____

Business Address: _____
Street

City State Zip

Telephone: () _____ Years in Present Employment: _____

DEPENDENT INFORMATION

Unmarried children of applicant under the age of twenty-one, who are living at home or attending school on a full-time basis:

List By Name	Date of Birth	Male/Female
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PERSONAL REFERENCES

1. _____	_____	_____
Name		Telephone#
2. _____	_____	_____
Name		Telephone#

1. CLASSIFICATION OF MEMBERSHIP

Please indicate below the classification for membership to be acquired in the Club and the membership fee set forth below by marking the appropriate box .

Membership Classification	Membership Fee
1) <input type="checkbox"/> Individual Membership	\$ _____
2) <input type="checkbox"/> Family Membership	\$ _____

RECEIPT OF MEMBERSHIP PLAN

The undersigned hereby acknowledges receipt of the for the Santa Lucia Rules and Regulations (collectively, the "Membership Plan"), and agrees to be bound by all of their respective terms and conditions. If approved for membership, the undersigned agrees to fully substitute the membership privileges acquired pursuant to the Membership Plan for any present and prior rights in or to use the Club Facilities.

PAYMENT OF MEMBERSHIP FEE

The undersigned applicant hereby agrees to pay the required \$ _____ membership fee for a Membership in the Club as follows: _____
