STÉRLING GATE SWIM & TENNIS CLUB

MEMBERSHIP AGREEMENT AND APPLICATION FOR 2024

NAME:	
SPOUSE:	
ADDRESS:	
PHONE:	
EMAIL:	
EMAIL:	
DEPENDENT(S) NAME(S) & AGE:	
I acknowledge that the annual dues for the Sterling Gate Swim and tennis Club for to increase as determined by the Board of Directors.	or each year are subject
I acknowledge receipt of the Pool, Clubhouse, Tennis Court, and Basketball Rule by all their respective terms and conditions, to accept, abide, and be governed by all amendments and/or modifications thereto.	
I acknowledge I have reviewed all documents and obtained all information neces decision to execute this Membership Agreement and that I have consulted with a such advice is necessary at my own expense.	•
I acknowledge and agree that the Club is a distinctly private club with the right to membership applicants for any reason but does not have any policy which would exclude any persons based on race, religion, creed, sec, nationality, or disability.	•
I agree to pay all fees, assessments, dues, and other sums on time. Further, I agree pay all monies due and/or owed to the Club, my Membership will be subject to refrom the Club and the Association, nor the Club shall have no obligation or responsible paid.	evocation and expulsion
I guarantee due payment to the Club of all fees, assessments, dues and other inde Club property, which may be incurred by the Club resulting from my family's, or conduct.	<u> </u>
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Printed Name	Access Card/Device Number
Signature	Date

Gerling Gale