Application Form - HERITAGE HILLS RECREATION CLUB, Inc.

Category: INDIVIDUAL MEMBERSHIP – Pool and Tennis

MUST BE AGED 18 OR OLDER

Name: _____ _____
First Last

Date of Birth (*month/year*): _____

Email address (please PRINT clearly): _____

Address: _____ _____ _____
Street City Zip

Home/Evening Phone: _____ **Work/Day Phone:** _____

Mobile Phone: _____ **Pager:** _____

Volunteer Service – Each Individual Member is required to provide two hours of volunteer service during the calendar year. Please indicate the way you intend to fulfill this service obligation (this is not binding, but helps with planning):

__ Opening and/or closing work days __ Tennis court maintenance __ Clean/maintain club meeting room
__ Work at social events __ Grounds maintenance __ Painting, interior or exterior
__ Plan social events __ (other) _____
__ Serve on Finance, Personnel, Grounds, Facilities, Pool Operations or Social Committee (indicate preference, we will contact)

Heritage Hills Recreation Club is a not-for-profit corporation that exists exclusively for the recreational enjoyment of the members. We offer memberships to individuals and families regardless of race, religion, color, national origin or place of residence. The club operates as a cooperative community where every member accepts responsibility for participating in and contributing to the community. By signing this application you accept these conditions of membership and agree to abide by the rules and by-laws of the corporation Rules are available in the Members' Handbook posted on the website (**hhrcswim.org**) or available by request. By-laws are also available at the website or by request.

Signature: _____ **Start Date:** _____

Please enclose check for fees as follows:

Initiation Fee (one-time): $250
Membership fee (see below) ..... …$ _____
start date before July 1st = $270 (usual annual dues)
start date July 1st to July 31st = $180 (pro-rated first year only)
after July 31st = $90 (pro-rated first year only)
Volunteer Service Fee (in lieu of two hours of volunteer service) $50

TOTAL ENCLOSED: $_____

Please also complete an EMERGENCY CONTACT INFORMATION FORM, and mail it with this application and your check to: **HHRC, PO Box 895, Carrboro, NC 27510.**