

MERCED SWIMMING TANK ASSOCIATION, INC.

P.O. BOX 2552

MERCED, CA 95344

mercedswimmingtank@weebly.com

2022

MEMBERSHIP APPLICATION

APPLICATION For (circle one): OWNER Or ASSOCIATE (RENTER)

Ownership Fee (One-Time Fee): \$300

2022 Annual Assessment Fees: Membership: \$350

Owner Application Subject to Ownership Fee plus Annual Assessment Fee Associate

Application Only Subject to Annual Assessment Fee

Name of Head of Household: _____

Spouse / Alternate Voter Name: _____

Address: _____

Home Telephone: _____ Mobile Phone: _____

E-Mail Address: _____

Name and Age of Additional Household Members:

Occupation: _____ Years Lived in Merced: _____

Home Owner: _____ or Renter: _____

Landlord Name and Phone Number: _____

Referred by (How did you hear about us?): _____

List Two Personal References (No Relatives):

Name	Address	Phone #	Years Known

I acknowledge I have read, understand and agree to comply with the Merced Swimming Tank Association, Inc.'s (Association) By-Laws, Pool Rules and Pool Party Rules and to comply with subsequent laws, rules or regulations adopted by the Association as a condition of maintaining good standings with the Association. I further acknowledge, willful non-compliance with, or abuse of, adopted laws, rules or regulations can and will result in membership forfeiture.

I hereby agree to the pay applicable fee(s) within two (2) weeks of notification of being accepted and prior to issuance of access key to pool facility.

If accepted as an Owner, I agree to pay the yearly annual assessment fee or any other assessment levied by the Association. As an Owner, I further agree to allow my name to be circulated to the membership for purpose of balloting.

If accepted as an Associate, I acknowledge, the term of my membership is limited to the season (year) of the application being accepted and that my membership terminates at the close of the season in the year the application was accepted. As an Associate, I further acknowledge while I may attend the Association's Annual General Membership Meeting or Board meetings, I have no voting privileges.

Applicant Signature

Date

Return Completed Form to
Mailing Address Above

Have Questions, Please Call:
Sharon Terry – Association Secretary
Phone: 209-722-8268
Email: sterry67@sbcglobal.net

Date Received: _____

Accepted _____ Denied _____ Date _____ Board President Initials _____

Please make a copy of this completed application for your records.