**M,,MERCED SWIMMING TANK ASSOCIATION, INC.**

**P.O. BOX 2552**

**MERCED, CA 95344**

mercedswimmingtank@weebly.com

**2023 M E M B E R S H I P APPL I CATI O N**

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICATION For (circle one): | OWNER | Or | ASSOCIATE (RENTER) |
| **Ownership Fee (One-Time Fee):** | $300.00 |  |  |

 **Annual Assessment Fees:**  Membership: $350.00

Owner Application Subject to one time 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:

E-Mail Address:

Mobile Phone:

Name and Age of Additional Household Members:

Occupation:

Home Owner:

or Renter:

Years Lived in Merced:

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 Have Questions, Please Call: Mailing Address Above**  Justin Kenny

209-201-1923

kennyjustin@hotmail.com

Date Received:

Accepted

Denied

Date

Board President Initials

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