

**Summit Community Association
Pool and Tennis Club
Application for Membership: 2013**

Names of Adult Heads of Family (first & last names)	
Street Address	
City and Zip	
EMAIL Address - <u>PRINT LEGIBLY!!</u> THIS IS REQUIRED	
Home and Cell Phone	

List Dependent Children Living At Above Address Below:

Name	Age	Name	Age

Membership Type and Fees: *Choose one*

		If <u>paid</u> by April 30	After April 30
	Pool & Tennis	\$ 410	\$ 430
	Pool Only	365	390
	Tennis Only	275	275
	Single Adult Swim	175	175
	Extra key Fob	35	35
	Total Payment	\$.....	\$.....

Payment options:

- Check payable to "Summit Community Association"
 Online via PayPal at www.thesummitatsmokerise.com (\$10 service fee applies)

First Time Members - If referred to us by a current Non-Resident Summit Pool & Tennis member, fill in Referral Member's Name & Address: _____

Please Remit Application Form and Payment to:
Bonnie Herron
1959 Trotters Lane
Smoke Rise, GA 30087
 Phone: 770-317-6129; email: info@thesummitatsmokerise.com