

# MEMBERSHIP APPLICATION

-HAMMOND HILLS SWIM AND TENNIS ASSOCIATION



## MEMBER INFORMATION

Full Name:  Date of Birth:

Street Address:

City:  State:  Zip Code:

Phone:  E-Mail:

### Additional family members/caregivers on membership:






|                                 |                                     |
|---------------------------------|-------------------------------------|
| Full Name: <input type="text"/> | Date of Birth: <input type="text"/> |
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## INVOLVEMENT




We encourage all families to be involved with HHSTA. Please select any areas you may be interested volunteering your time.

GROUNDS  SWIM TEAM  FINANCE  TENNIS  MEMBERSHIP  SOCIAL  PUBLICITY

## MEMBERSHIP DUES

|                                                                                                                                                         |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <input type="checkbox"/> CURRENT CERTIFICATE MEMBER<br><u>\$600</u> |  <input type="checkbox"/> SINGLE/SENIOR MEMBERSHIP<br><u>\$350</u> |
|  <input type="checkbox"/> HOUSEHOLD MEMBERSHIP<br><u>\$700</u>       |  <input type="checkbox"/> TENNIS ONLY MEMBERSHIP<br><u>\$250</u>   |
|  <input type="checkbox"/> COUPLES ONLY MEMBERSHIP<br><u>\$400</u>    | <b><u>*\$100 NEW MEMBER PROCESSING FEE</u></b>                                                                                                        |

## PAYMENT METHODS

|                                                                                                                                                              |                                                                                                                            |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|  CHECK<br>Payable to: HHSTA<br>P.O. Box 720017<br>Sandy Springs, GA 30358 |  PAYPAL<br>hammondhillsswimga@gmail.com |  VENMO<br>@Hammond-Hills-1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**\*PLEASE USE FRIENDS AND FAMILY FOR ELECTRONIC PAYMENTS TO AVOID FEES. MEMBER RESPONSIBLE FOR ANY FEES.\***

For more information or to request an invoice, please contact hammondhillsswimga@gmail.com.  
Thank you for your membership!