

# CAMELOT RECREATION ASSOCIATION, INC.

## Membership Application

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Home E-Mail Address: \_\_\_\_\_  
Work E-Mail Address: \_\_\_\_\_ (Optional)

<u>Members of Household</u>	<u>Relationship</u>	<u>Birth Date of Children</u>

**\*\$35.00 Transfer Fee & Seller's Certificate/Letter of Transfer must be attached.**

**Signature of Applicant:** \_\_\_\_\_

Upon notification of acceptance of your application, your family shall be entitled to participate in all events sponsored by the Association. Copies of the by-laws and operation rules will be given upon request.

This application should be submitted to the membership chairperson who will see that it receives immediate attention.

**DATE OF BOARD APPROVAL:** \_\_\_\_\_