Park Timbers Swim & Tennis Club

Membership Application and Registration

Name:	Immediate family members in your household included:		
Address:			
	Name:	Age:	
	Name:	Age:	
	Name:		
Phone:1)(2)	Name:	Age:	
,,	Name:	Age:	
Email:			
Annual Membership Fees (circle one):			
If payment	t received by 5/31/24	After 5/31/24	
Park Timbers homeowners who have paid their 2024 PTHA dues:	\$450.00	\$480.00	
-			
All others:	\$550.00	\$580.00	
Prepaid party discount bundle* *(Prepays for either a 4-hr. party for up to		add \$225 for up to 40 people. See full	
Rules and Regulations at parktimbers.com	WAIVER		
(Required to obtain your individual acc		uards are not present.)	
I hereby apply for membership at Park Timbers Sw regulations of the club. I also agree to indemnify, a Park Timbers Homeowners' Association, their offi for injury and death arising out of the use of the club facilities by my permission. This paragrap all renewals and/or reinstatements.	defend and hold harmless Park T cers, directors, agents and emplo ib facilities by me, my children,	Timbers Swim & Tennis Club, byees from any and all liability my guests or anyone who enters	
/ /2024	Alternate payment of	Alternate payment option (3.25% convenience fee)	
Signature Date	Credit Card paymen	Credit Card payment -please write <u>legibly</u> !	
Send form with check payable to	Circle: VISA Ai	mEx Discover Mastercard	
"Park Timbers Homeowners' Assn."	Amount charged	\$plus 3.25%	
c/o 34 Yosemite Dr., NOLA 70131			
	0 11 11	Credit Card #	
Payment and form must be received at 34 Yosemited Dr. by 11:59 p.m. on May 31, 2024 in order to qualify for the lower rate.		Cardholder name	
		Expiration Date	
	Security Code on I	Security Code on back (three digits)	
	Cardholder Billing	Street Address	
	Cardholder Billing	Cardholder Billing Zip Code	
Cardholder signati	ire.		