

PACIFIC SANDS CABANA CLUB

MEMBERSHIP APPLICATION

INSTRUCTIONS

Please complete the information below as accurately and completely as possible and return this application to the Pacific Sands Cabana Club office along with your non-refundable **\$30 application fee**.

If you have questions, you may contact the office at 714-536-8091 or manager@cabanaclubhb.org. For information on Club Bylaws, Standing Rules, and Events, please check out our website www.cabanaclubhb.org.

APPLICANT INFORMATION

| | | |
|------------------|-----------------------------|---------------|
| Name: | | |
| Date of birth: | Phone (home): | Phone (cell): |
| Current address: | | |
| City: | State: | ZIP Code: |
| Email address: | | |
| Own | Rent <i>(Please circle)</i> | How long? |

EMPLOYMENT INFORMATION

| | | |
|-------------------|-------------|-----------|
| Current employer: | How long? | |
| Employer address: | | |
| City: | State: | ZIP Code: |
| Phone: | Occupation: | |

SPOUSE INFORMATION

| | |
|----------------|---------------|
| Name: | |
| Date of birth: | Phone (cell): |

SPOUSE EMPLOYMENT INFORMATION

| | | |
|-------------------|-------------|-----------|
| Current employer: | How long? | |
| Employer address: | | |
| City: | State: | ZIP Code: |
| Phone: | Occupation: | |

CHILDREN (UNDER THE AGE OF 26 AND LIVING IN YOUR HOUSEHOLD; LIST ADD'L ON BACK OF FORM)

| Name | Date of Birth |
|------|---------------|
| | |
| | |
| | |
| | |
| | |

REFERENCES

| | |
|---------------------------------|--|
| Referred by (member name): | |
| Names of Other Members You Know | How You Know Them (e.g. neighbor, family, through kids/work, etc.) |
| | |
| | |

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CLUB ACTIVITIES THAT INTEREST YOU OR YOUR FAMILY

- Tennis
- Penguins Swim Team (summer program)
- Club-sponsored social events (e.g. 4th of July party, Mothers' Day Breakfast, Fathers' Day BBQ, Christmas Party, various potlucks)

VOLUNTEER JOBS THAT INTEREST YOU OR YOUR FAMILY

- Help at club-sponsored social events (e.g. set-up, clean-up, etc.)
- Club clean-up
- Committees
 - Membership
 - Nominating
 - Social

WHY DO YOU WANT TO JOIN THE PACIFIC SANDS CABANA CLUB?

SIGNATURES

I understand that the Pacific Sands Cabana Club is a private club and that membership is a privilege that can be suspended or revoked if I, my children, or guests violate either the bylaws or the standing rules of the Club. Furthermore, I realize that with the varied facilities and the activities that take place at the Club, there is a possibility of a family member or guest receiving an injury while on Club premises. I hereby waive and release any and all claims or rights to claims of damages in our behalf against PSCC (Pacific Sands Cabana Club) and any of its members, directors, and/or employees.

I understand that only my dependent children under the age of 26 can be on my membership. Once my children reach the age of 26 or move out of my household (exception – living at college during the school year), they will no longer be eligible to be on my membership and will need to apply for their own membership if they wish to maintain member privileges.

I agree to pay the following amounts to the Club in a prompt manner:

- Application Fee: \$30 (to be included with this application)
- Initiation Fee Payment #1: \$325 (due once application is approved)
- Initiation Fee Payment #2: \$325 (due one year after start of membership)
- Initiation Fee Payment #3: \$325 (due two years after start of membership)
- Monthly Dues: \$95 (due on the first of each month; subject to change at the discretion of the Board of Directors)

Late payments notice (subject to change at the discretion of the Board of Directors):

Monthly dues are late after the 15th of the month. A late fee will be applied to overdue payments on the 16th of the month. Membership will be cancelled on the 30th of the month if monthly dues, late fees, and/or initiation fees are not paid and current.

I authorize the verification of the information provided on this form. I further authorize a background check to ensure the safety of the Club membership. I have received a copy of this application.

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
| Signature of spouse: | Date: |