



Pilaguamish Community Club
 P.O. Box 764
 Granite Falls, WA 98252
 360-691-7223

Lot #(s): _____

MEMBERSHIP APPLICATION

I/we wish to apply for membership in Pilaguamish Community Club.

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Address: _____

Email(s): _____

Phone # (s): _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Address: _____

Phone # (s): _____ Relationship: _____

MEMBERSHIP AGREEMENT

Please initial each after you have read, understand and agree that you will abide by each one.

- ___ / ___ 1. I/we have received or downloaded the current **Bylaws, Rules and Regulations** Book.
- ___ / ___ 2. I/we read and agree to abide by the **Bylaws, Rules and Regulations of Pilaguamish Community Club** as set forth and as they may be amended.
- ___ / ___ 3. I/we agree to pay all Dues/Electrical/Fees/Assessments/etc. by the due dates and payable.
- ___ / ___ 4. I/we agree that I/we cannot use Pilaguamish Community Club campsite as a storage place or place of residence.
- ___ / ___ 5. I/we agree to provide upon change of address, phone number, email or other pertinent information to the Treasurer of Pilaguamish Community Club.
- ___ / ___ 6. I/we understand that we must complete a Credit Check before membership will be considered by the current board of Pilaguamish Community Club.

Transfer fee paid by: Current Member New Owner Amount Paid: \$ _____

Submit all forms by email to Sales Office at pillyoffice1@gmail.com or hand deliver to the Sales Office.

Signature: _____ Date: _____

Signature: _____ Date: _____

For office use only:

Verbal Credit Check Completed: Yes No Approval Date: _____

Approved by the Board of Directors: _____ Date: _____