



Pilaguamish Community Club Membership

PO Box 764
Granite Falls, WA 98252
Phone (360)691-7223

Lot #

I/ We wish to apply for Membership in PILAGUAMISH COMMUNITY CLUB.

Name: (Last) (First) (M)

Name: (Last) (First) (M)

Address

Email:

Phone:

Emergency Reference:

Name

Address

Phone

Relationship

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

I have received a current Rules and By-Laws Book. YES _____ NO _____

1. To read and abide by the Rules and By-Laws of Pilaguamish Community Club as set forth and as they may be amended.
2. To pay all Fees/Assessments/Dues/Electrical by the dates that they are due and payable
3. That I/We cannot use Pilaguamish Community Club campsite as a storage place or place of residence.
4. That upon a change of address, phone number or other pertinent information I will notify Pilaguamish Community Club of all changes.
5. I/We understand that we must go complete a Credit Check/Background check before membership will considered by the current board of Pilaguamish Community Club.

Signature: _____ Date: _____

Signature: _____ Date: _____



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This side filled out by Board of Directors of **Pilaguamish Community Club**
Transfer fee: \$25.00 Cash, Check or Money Order

Date: _____ Check # _____

Credit Check completed: Yes _____ No _____
Online Pd _____ Faxed _____ \$40.00 Check or Cash _____

Current members selling membership must be current with all dues / electrical
Or paid up by new member with approval of the membership.

_____ (Treasurer)

Board of Directors : Approval/Date
