

# LAKERIDGE WEST COMMUNITY ASSOCIATION

P.O. Box 395 Old Bridge, NJ 08857-0395

[www.lakeridgewest.org](http://www.lakeridgewest.org)

## GUEST MEMBER NOMINATION FORM

Guest Membership to the Lakeridge West Swim & Racquet Club will be offered for the 2017 season. Guest members must be sponsored by a LWCA member. Guest membership into the LWCA Swim & Racquet Club provides the nominated family with full access to the facilities during the season and permits their participation in activities such as parties, Opening and Closing Events and Swim Team. Guest members will be assessed a fee of \$575 for the season and this Guest Membership is non-transferable, non-refundable and non-renewable.

If you are interested in sponsoring a family for Guest Membership, please provide this form to your nominee for completion and return to the address above. This nomination form should be returned to the Association at the address above **postmarked on or before March 15<sup>th</sup>**. Guest memberships are granted on a first-come, first-served, basis.

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SPONSOR INFORMATION: *(to be completed by the LWCA sponsor)*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NOMINEE INFORMATION: *(to be completed by the nominee)*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I understand that upon the receipt of this nomination, LWCA will forward to me the complete application form for the LWCA Guest Membership. I understand that a fee of \$575 will be due and payable upon the acceptance of my Application for Guest Membership.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*