

2024 Social and Pickleball Membership Application



Applicant's Name _____ DOB (Required) _____ Age _____

Have you previously been a member of LCC? No _____ or Yes _____ Year(s): _____

How did you hear about Lakeside Country Club? _____

Local Address: Is this a mailing address? (Y or N) _____ Winter Address: From _____ to _____

Telephone: _____ Telephone: _____

Email: _____

Email billing statements? Yes _____ or No _____ Email newsletter? Yes _____ or No _____

Please select the Membership Category(s) you are requesting:

	Dues	Capital Fund	Sales Tax	Total
Family Social <input type="checkbox"/>	\$275.00	\$50.00	\$26.00	\$351.00
Single Social <input type="checkbox"/>	\$140.00	\$25.00	\$13.20	\$178.20
Family Pickleball <input type="checkbox"/>	\$370.37	\$50.00	\$33.63	\$454.00
Single Pickleball <input type="checkbox"/>	\$231.48	\$25.00	\$20.52	\$277.00

Please complete this section for Family Memberships:

Spouse or Significant Other's Name _____	DOB _____	Telephone _____
Spouse or Significant Other's Email: _____		
Please list your children (18 and under or in college):		
Child's Name _____	Age _____	Permit charges to account? (Y or N) _____
Child's Name _____	Age _____	Permit charges to account? (Y or N) _____

Applicant's Signature _____ Date _____

For Office Use:	Date Rec'd ____ / ____ / ____	Amount Rec'd \$ _____	Method of Payment _____
Updates:	____ EZ	____ Calendar	____ Master List
			____ Email