



Camano Country Club

1243 S. Beach Dr. Camano Isl. WA 98282

Member# _____

APPLICATION FOR CAMANO COUNTRY CLUB CLUBHOUSE MEMBERSHIP

Applicant Name: _____ Spouse: _____

Mailing Address: _____ Cell #: _____

Telephone (Home): _____ Email: _____

Other Resident Household Members: (If more space is needed, attach a separate page)

Name: _____ *If under 18: Birthdate: _____

Emergency Contact Person: _____ Telephone: _____

Members joining in the middle of a calendar quarter, pay for the remainder of the quarter and the full amount of the following quarter or the year. The term of membership is extended automatically upon continued payment of dues.

Membership Rates

Associate Member Rates	Calendar Quarter Rates (3months)	Calendar Yearly Rates (3 months)
Single Membership	\$170.00 (\$56.66 per month)	\$589.00 (\$49.08 per month)
Household Membership	\$253.00 (\$84.33 per month)	\$878.00 (\$73.16 per month)

Regular Member Rates *	Calendar Quarter Rates	Calendar Yearly Rates
<u>\$200 Regular Membership Certificate one time purchase is required to obtain this rate. Please Note: Regular Members have a yearly obligation.</u>	*Note membership certificate purchase needed for this rate.	*Note membership certificate purchase needed for this rate.
Single Membership	\$115.00 (\$38.33 per month)	\$405.00 (\$30.83 per month)
Household Membership	\$200.00 (\$66.66 per month)	\$702.00 (\$58.50 per month)

I (we) hereby apply for a Regular Membership Associate Membership

Start Date: _____ to _____.

I (we) wish to have a Single Household Membership. *Each person to be included on the Household membership is listed above.

Check # _____ OR Cash in the amount of \$ _____

(Office use only)

Month: _____ Amount Due: _____ Month: _____ Amount Due: _____

1st 2nd 3rd 4th Quarter: _____ Amount Due: _____ * Total Paid: _____

If accepted for membership, I (we) agree to abide by the Clubhouse Rules and Regulations. I (we) assume full responsibility for costs and damages that may arise and for the conduct of myself, family members and guests who may accompany me (us) to the Clubhouse.

I understand that this membership is for recreational use ONLY and NOT for any commercial purposes what so ever. (This application needs to be signed or Clubhouse membership will not be approved.)

Applicant Signature: _____ Date: _____

***How did you hear about the Clubhouse? _____

ClubHouse Office Manager: _____ Date: _____

Office use only: Welcome Letter File Folder Rolodex File Computer (12.09.15CH118)



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CAMANO COUNTRY CLUB – RELEASE FORM

In using the Clubhouse Swimming Pool, spa, exercise or health equipment, I realize that my family members, children, guests, and I are taking a personal risk. I also recognize that even when there is a Lifeguard on Duty the quickest help in an emergency is by calling 911.

I understand that there are No Lifeguards on Duty for “Open Swim” sessions and water classes, and that the quickest help in an emergency is by calling 911.

The undersigned agrees to hold the Camano Country Club Corporation, Camano Country Club Clubhouse, all volunteers and any employees harmless from any injuries or liabilities that could occur during facility use.

I accept full and complete responsibility for myself, family, children & all guests for any liability incurred by using these facilities.

Parent/Adult Member Signature: _____ Date: _____

Parent/Adult Member Signature: _____ Date: _____

ClubHouse Office Manager: _____ Date: _____

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