

THE GATEWAY HEIGHTS CLUB, INC
2020 Application for Membership

Website

We, the undersigned, hereby submit our application for membership in The Gateway Heights Club, Inc., and agree that we will abide by the rules, regulations, and by-laws of the Gateway Heights Club.

Membership fees for this season are:

- \$299 per family - \$279 if paid in full by June 1, 2020
- \$249 New family introductory rate (first year families only)
- \$229 for adult plus one limited family
- \$199 for adult individual

There is an additional volunteer deposit of \$50.00 as a separate check. Upon completion of 4 hours of activity toward a club fundraiser (work that directly offsets Club costs in that amount, or an activity that assists in some other way) the Board agrees, your check of \$50.00 will be returned to you.

Desired Membership Type: FAMILY ____ LIMITED FAMILY ____ INDIVIDUAL ____

Family Name _____ **Home Phone** _____

Address _____ **City** _____ **Zip** _____

e-mail address _____

Primary Adult Name _____ **Phone** _____

Secondary Adult Name
(must be from same household) _____ **Phone** _____

Other Members' Names & Ages (must be from same household):

_____	_____
_____	_____
_____	_____

How did you learn about Gateway Heights? (Please check one.)

Ad: ____ Sign: ____ Attended Fundraising Event: ____ Visited Pool ____ Other ____

Member: ____ Member's Name: _____

Volunteer Interests (Check all that apply)

Board ____ Concessions ____ Sports ____ Social ____ Grounds ____ Construction ____

Other (please specify) _____

Signature of Applicant Date

Signature of Spouse Date

Total Due (membership minus any applicable discount): \$ _____

Please include a separate check for your refundable volunteer deposit.
Please make checks payable to: **Gateway Heights Club, Inc.**
And mail them to: **P.O. Box 284**
Monroeville, PA 15146