



MEMBERSHIP APPLICATION 2020

Last Name _____ First Name _____ Spouse _____

Children and Ages (include last name if different from yours) Email _____

Child's Name	Age	Child's Name	Age

*Continue on back, if needed.

Phone _____ Address _____

Please check type of Membership:

- Individual (one adult 21 to 65) **\$92.00**
- Individual plus children **\$92.00** plus **\$19.00** per child age 2-20 (Maximum: \$149.00)
- Couple (two adults, both 65 or under; or one over 65 and one under) **\$130.00**
- Couple plus children **\$130.00** plus **\$19.00** per child age 2-20 (Maximum : \$187.00)
- Senior (individual-over 65) **\$55.00**
- Senior Couple (two adults over 65) **\$74.00**
- Senior plus child/children staying or visiting on REGULAR BASIS during the summer **\$55.00** plus **\$19.00** per child age 2-20 (Maximum: **\$112.00**)
- Senior couple plus child/children staying or visiting on REGULAR BASIS during the summer **\$774.00** plus **\$19.00** per child over age 2-20 (Maximum: **\$131.00**)
- College Individual (ID required) **\$77.00**

Additional information:

- Yes, I would like to help with Clean-up during May.
- Yes, I would like to help with Lake event fundraisers.
- Yes, I will help out financially by sending a monetary donation to the Building Fund.

Mail application with payment before **May 31, 2020**. Make checks payable to **Walton Hills Lake**.

Send to: Membership Shawnee Fox-Eldredge
c/o Walton Hills Lake
7595 Walton Road
Walton Hills, Ohio 44146

All applications for membership are due before May 31, 2020, thereafter a \$30.00 late fee will be required, with no exceptions. Please make prompt payment. Membership is open to all Village residents or property owners. Please call Shawnee with any questions regarding membership. (216-280-8179).

❖ This application is subject to approval by the Lake Trustees pursuant to eligibility qualifications set forth in the Constitution and By-Laws.

I, the undersigned, shall hold the Walton Hills Lake and the trustees blameless to any and all liability

Signature of applicant _____ Date _____