

# SUMMERS-PORT INC APPLICATION MEMBERSHIP

Name \_\_\_\_\_  
Last First Spouse

**Please Note: Single persons are entitled to one (1) guest at no charge. (Guest must be 21 years of age and residing in same household). Such guest must be registered with and approved by the Board of Directors.**

**Children (Name and Date of Birth) More than 6 please write names/dates on back**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street City, State & Zip Code Phone #

**Employer** \_\_\_\_\_  
(Applicant) Job Title Address Phone #

**Spouse** \_\_\_\_\_  
Job Title Address Phone #

**Members Statement: I am personally acquainted with the above applicant and sponsor them for membership.**

### Sponsors

(1) \_\_\_\_\_  
Pool # Print Name Signature  
(2) \_\_\_\_\_  
Pool # Print Name Signature

**Please read the following information and both applicant and spouse must sign the application. Necessary fees are subject to change.**

**We the undersigned make application for a voting membership in Summers-Port, Inc. an Illinois not-for-profit Corporation and herewith tender our application fee in the amount of \$50 payable to Summer-Port, Inc upon the following terms and conditions:**

1. In the event we withdraw this application by delivery of written notice to Summers-Port, Inc., we understand the \$50.00 application fee is non-refundable.
2. We further agree that if admitted to Summers-Port, Inc. and in consideration of benefits to be derived there from, we shall abide by the By-Laws, Rules and Regulations of Summers-Port, Inc.

Applicant's Signature \_\_\_\_\_  
Spouse's Signature \_\_\_\_\_

**Return this application and application fee to:**

Carey Keay  
1807 Paris Drive  
Godfrey, IL 62035  
Questions? (618) 467-0396 or email: spmemberinfo@gmail.com