

Leslie Beach Club Membership Application

THE UNDERSIGNED, ON BEHALF OF THE RESIDENTS OF (ADDRESS) _____
ATLANTA, GA (ZIP) _____ HEREBY MAKES APPLICATION FOR MEMBERSHIP IN THE LESLIE BEACH CLUB,
Inc. (THE CLUB) AND IF APPROVED TO SUCH MEMBERSHIP AGREES TO PAY SUCH MEMBERSHIP FEES AND
ANNUAL DUES AS PROVIDED FOR IN THE BY-LAWS OF THE CLUB: **\$700 Initiation Fees due with application - \$500
Annual Dues, payable within 120 days of acceptance.**

IT IS EXPRESSLY UNDERSTOOD AND AGREED TO BY THE UNDERSIGNED THAT ALL PARTIES REPRESENTED BY
THE MEMBERSHIP AND THEIR GUEST(S), WILL ABIDE BY THE BY-LAWS OF THE CLUB AND WITH ALL
PROCEDURES AND RULES APPLICABLE TO THE USE OF THE FACILITIES OF THE CLUB.

(Please print or type)

YOUR NAME _____

OCCUPATION _____

SPOUSE _____

OCCUPATION _____

TELEPHONE (s) (H) _____ (W) _____

E-MAIL _____

OTHER RESIDENTS (PLEASE PROVIDE NAMES AND YEAR OF BIRTH OF CHILDREN) _____

APPLICANTS SIGNATURE _____ DATE _____

PRIMARY INTEREST: SWIMMING _____ TENNIS _____ SOCIAL _____

Referred by LBC Member? _____ Yes _____ No If yes, please identify member: _____

Please submit completed application and check for Initiation fees to: Leslie Beach Club
P.O. Box 450985
Atlanta, GA 31145-0985



PENGUINS

www.lesliebeachclub.com