



**Indian Hills Community Association, Inc.
NEW MEMBERSHIP APPLICATION**

APPLICANT INFORMATION (Please Print)

MEMBER NUMBER _____
Office Use Only

Name #1	_____	_____	_____	_____
	Last Name	First Name		
Name #2	_____	_____	_____	_____
	Last Name	First Name		
Caregiver/Plus1	_____	_____	_____	_____
	Last Name	First Name		
Address:	_____	_____	(____) _____	_____
		APT #	Main Phone Number	
	_____	_____	(____) _____	_____
	City	State	Zip	Alternate Phone Number
E-Mail Address	_____	E-Mail Address	_____	_____

Authorization: The management and/or staff of Indian Hills Community Association, Inc.(IHCA) or Indian Hills Swim Club (IHSC) may contact me via email or phone messages regarding special events, schedule changes or other information regarding IHCA or IHSC. **I may OPT-OUT** of receiving emails or phone messages at any time by contacting IHCA via email or by other written notification.

Please list MINOR CHILDREN of the MEMBER HOUSEHOLD who will be associated with this account:

NAME	AGE	Relationship	NAME	AGE	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New Membership Applications are subject to approval by the Board of Directors. Applicant(s) agree to pay Association membership dues on or before Opening Day of each season. Applicant(s) have no rights to enter or use the club facilities until membership Payment-in-Full has been received for the new season. Applicant(s) understand and agree that the Board of Directors reserves the right to charge additional, non-refundable dues or fees (including but not limited to maintenance fees, assessment fees, late fees or joiner fees) at the time of application, or upon renewal of the membership account. Membership rates and terms listed herein are subject to change without notice. Other policies may apply.

I/WE hereby agree that all family members, household members, caregivers and guests will abide by all by-laws, policies and rules of the Indian Hills Community Association, Inc., whether now in existence or as established hereinafter.

_____	_____	_____	_____
Signature #1	Date	Signature #2	Date

How did you learn about Indian Hills Community Association and the Indian Hills Swim Club?

Questions? Please contact the Manager at: (316) 943-4391 or via email: ihmanager@goindianhills.com



**Indian Hills Community Association, Inc.
NEW MEMBERSHIP APPLICATION**

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Membership applications must be approved by the Board of Directors of the IHCA.

Please choose ONE of the following Membership Plans and associated Maintenance Dues.

- _____ **\$320.00** **Single Membership** ONE individual per Single Membership
- _____ **\$380.00** **Couples Membership** TWO individuals living in the same household per Couples Membership.
- _____ **\$490.00** **Family Membership** Includes up to TWO adults (age 21+) living in the same household plus minor children (age less than 21 years) living in the same household.

>>> PLEASE LIST CHILDREN'S INFORMATION ON BACK OF THIS PAGE <<<

- _____ **\$250.00** **Junior Membership** Non-voting membership for minor children (Age 12-18). Application subject to Manager/Board discretion and approval. References may be required. Includes eligibility for Swim Lessons. May include participation on Swim Team, subject to Manager/Coach discretion and approval.
- _____ **\$590.00** **Family +Caregiver** Caregiver is a designated, *non-household* member who is responsible for the care of the minor children of the member household. Caregiver may enter the club **ONLY** when accompanied by the minor children of the member household, who are in their care.
- _____ **\$590.00** **Family +One** ONE additional adult *household* member may be added to the regular, family membership account, subject to board approval. Other policies/fees may apply.

Questions? Please contact the Manager at: (316) 943-4391 or via email: ihmanager@goindianhills.com

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Checks payable to: IHCA. Please mail this completed application, along with your payment to:

**IHCA
P.O. Box 771544
Wichita, KS 67277**

Office Use Only

Board Approval:

President or Board Officer Signature

Date

***Indian Hills Community Association, Inc.
Promoting, Encouraging and Teaching the art of Swimming since 1956***