

# Memorial West Community Club

2017 Membership Form

**Please complete this form, enclose a check payable to MWCC, and return to:**

**Bridgett Cummings  
17171 Park Row, Suite 310  
Houston, TX 77084**

Name: \_\_\_\_\_ New Member? Yes \_\_\_ No \_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child's Name:	Birth Date:	Child's Name:	Birth Date:

If you are a new member, how did you hear about MWCC? (Please circle one)

Website   Realtor   Friend/Neighbor   Other \_\_\_\_\_

What activities are you most likely to participate in?

Tennis:	Social Activities:	Children's Activities:	Other:
<input type="checkbox"/> Men's Program	<input type="checkbox"/> Adult Activities	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Pool Area
<input type="checkbox"/> Woman's Program	<input type="checkbox"/> Children's Activities	<input type="checkbox"/> Playground	<input type="checkbox"/> Sport Court
<input type="checkbox"/> Children/Teen	<input type="checkbox"/> Teen Activities		<input type="checkbox"/> Fitness

Annual MWCC Membership Dues entitles family members to all privileges of Memorial West Community Club.

\_\_\_\_\_ Annual Family Membership Dues ..... \$ 525.00

Emergency Contacts (In order of preference)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health conditions of which MWCC should be aware:

\_\_\_\_\_

\_\_\_\_\_

Privacy Notice: The information collected here will be used for club purposes only.  
MWCC does not sell the membership list.  
Members are asked not to use directory information as a blanket mailing list.