

**BUCCANEER VILLA NORTH SWIM AND TENNIS CLUB**

**APPLICATION FOR MEMBERSHIP (504) 302-9634**

\_\_\_\_\_ New Membership

\_\_\_\_\_ Renewal

Date: \_\_\_\_\_

Return **completed** application to Club Director, Membership Chairman, or President of the Board for processing.

This application must be filled out and completed with accurate information to the best of your knowledge. Any information intentionally not disclosed will automatically void this application. Furthermore, the acceptance of this application does not give the individual, or individuals disclosed in this application, automatic approval for membership. Membership approvals will be determined on a case by case basis, and that all requirements have been met and satisfied by the Board of Directors.

\*\*\* There will be times with no lifeguards on duty and it will be **SWIM AT YOUR OWN RISK**. Parents or guardians will have to pay extra attention to their children in and around the pool. \*\*\*

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Type of Membership: \_\_\_\_\_ Small Family \_\_\_\_\_ Large Family \_\_\_\_\_ Couple or Parent & Child  
(3 or 4) (5 or 6) (2)

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

Address: \_\_\_\_\_  
(Street) (Apt #) (City) (State) (Zip)

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address(s): \_\_\_\_\_

Emer. Contact Name (Other than yourself) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Names and Date of Birth of all family members who are permanent residents living in your home who will be eligible as members with this application. (MUST RESIDE IN YOUR HOME ON A FULL TIME BASIS.)**

(Name)	(Date of Birth)	(Name)	(Date of Birth)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, hereby apply for membership into the Buccaneer Villa North Swim & Tennis Club, a non-profit organization, organized and existing under the laws of the State of Louisiana, and having it's domicile at 8330 Patricia Street, Chalmette, LA 70043. If accepted, I hereby agree to abide by all operating rules, by-laws, dues, policies thereto which may be hereafter adopted by this corporation in accordance with its charter and by-laws. The mission of this club is to provide a safe and friendly family atmosphere. All prospective members 18 years old and older may be subject to a criminal background check at the expense of the applicant.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**(OVER)**

**2021 MEMBERSHIP DUES**

**Couple or Parent & Child: \$350.00**

**Small Family of 3 or 4: \$400.00 • Large Family of 5 or 6: \$450.00**

*A Large Family Membership is good for up to 6 people residing at the same address. Each additional person is \$50.00 per year. Children under 2 years of age are free.*

*If the dues is not paid in full on Open House or not paid in a single payment after Open House, a \$25.00 partial payment processing fee will be assessed to each membership. The minimum payment to start a partial payment after open house is \$225.00. The balance must be paid in full before July 1.. Memberships using the partial payment plan which are not paid in full before July 1 will be suspended until the board approves lifting the suspension. No new partial payment plans will be started after July 1.*

*Note: Club year begins on May 1st each year and ends on April 30<sup>th</sup> of the following year.*

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Name and Signature of Club Sponsor in good standing of B.V.N.S.&.T.C.

\_\_\_\_\_  
(Name) (Signature) (Date)

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Name and Signature of a Member of the Board of Directors

\_\_\_\_\_  
(Name) (Signature) (Date)

**FOR BOARD OF DIRECTORS USE ONLY:**

APPROVED FOR MEMBERSHIP IN THE BUCCANEER VILLA NORTH SWIM & TENNIS CLUB BY  
THE BOARD OF DIRECTORS ON THIS DATE: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ MEMBERSHIP CHAIRMAN: \_\_\_\_\_

BOARD MEMBER INITIALS:                      APPROVE                      /                      DISAPPROVE

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TOTAL MEMBERSHIP COST: \$ \_\_\_\_\_

ASSIGNED CLUB # \_\_\_\_\_

DATE PAID \_\_\_\_\_

B. V. N. S. & T. C.  
P.O. BOX 124  
CHALMETTE, LA 70044

**PLEASE HAVE ALL INFORMATION COMPLETED BEFORE MAILING OR RETURNING TO THE MEMBERSHIP CHAIRMAN**