

MEMBERSHIP / REGISTRATION / APPLICATION

Full Name[s] _____

SPOUCE OR COMPANION _____

Home Address _____

City _____ State _____ Zip _____

Home Phone no. _____

Cell: _____

Type [check one] Couple ___ Single female ___ Single male ___

E-Mail _____

Type of membership requested/cost/effective date/renewal date

VIP ___ Regular ___ Day Visit ___

Effective Date: _____

I have read and fully understand the rules and regulations required for membership to Timberline Lodge and Resort and agree to abide by them in order to obtain membership. I understand that if it is deemed by management that I have not abided by the rules and regulations at any time during my membership and management has to suspend or cancel my membership, that no refund of any monies paid will be forthcoming to me/us.

Date: _____

Member full name

Companions full name

Accepted by Management _____ Title _____ Date: _____