

**FOUR SEASONS CLUB**  
**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Family Members \_\_\_\_\_ Spouse \_\_\_\_\_  
\_\_\_\_\_ birth date \_\_\_\_\_  
\_\_\_\_\_ birth date \_\_\_\_\_  
\_\_\_\_\_ birth date \_\_\_\_\_  
\_\_\_\_\_ birth date \_\_\_\_\_

**12 MONTH AGREEMENT**

Member agrees to pay Sandia Heights Services twelve consecutive months of dues at the rate of \$36.84 (family) or \$30.48 (single) for membership in the Four Seasons Club. This agreement commences on the \_\_\_\_\_ day of \_\_\_\_\_, 2008 and continues for a period of twelve months.

Signed: \_\_\_\_\_

Please make your check payable to **Sandia Heights Association**  
ATTN: Lisa Kilbreth  
10 Tramway Loop, NE  
Albuquerque, NM 87122

Note: Remember, new membership requires signing a one year agreement.