

2024 MEMBERSHIP APPLICATION

| Name: | | | |
|---|--|------------------------------------|--|
| Mailing Address: | | | |
| City, State, Zip: | | | |
| POA Membership# | Phone# | | |
| E-Mail Address | | _ | |
| Membership includes access to and Main) | all Tennis Courts, Pickleba | all Courts, and Swimming Pools (Ea | |
| POA MEMBERS | Annual | Monthly | |
| Individual | \$ 750 | \$ 75 | |
| Family | \$ 950 | \$ 95 | |
| Pay by 12/15/23 | \$700 (Individual) \$9 | \$700 (Individual) \$900 (Family) | |
| NON-POA MEMBERS | | | |
| Individual | \$ 950 | \$ 95 | |
| Family | \$ 1175 | \$120 | |
| Pay by 12/15/23 | \$900 (Individual) \$1,110 (Family) | | |
| *Family constitutes the property younger. | owner, spouse, and unmarrie | ed dependent children aged 21 or | |
| NOTE: Members receive (4) gu | nest passes valid for tennis, pi | ckleball, East Rec/Main pools | |
| Please disclose the Category of | Membership that you are app | lying for: | |
| () <u>I choose to pay annual () </u> | ually. I have enclosed a che | eck payable to the POA: \$ | |
| Forms for ACH are available | thly by ACH and have atta ilable online (www.diamon n ACH, please authorize co d: | dheadms.org). | |
| () Payment submitted by | Credit Card: | | |
| SIGNATURE: | | DATE: | |
| DATE: | CHECK#: | AMOUNT: | |

Please return this Application and Payment to the Tennis Club Staff or directly to:

DIAMONDHEAD PROPERTY OWNERS ASSOCIATION 7610 COUNTRY CLUB CIRCLE DIAMONDHEAD, MS 39525