



2024 TEEN SUMMER MEMBERSHIP APPLICATION AGE 18 & YOUNGER ONLY

Name: _____
Mailing Address: _____
City, State, Zip: _____
POA Membership# _____ Phone# _____
E-Mail Address _____

POA MEMBERS IN GOOD STANDING

\$15 per month

\$40 for four months

NON-POA MEMBERS

\$25 per month

\$70 for four months

() **I choose to pay monthly**. I have enclosed a check payable to the POA: \$ _____

() **I choose to pay monthly** by ACH and have attached the required form.
Forms for ACH are available online (www.diamondheadms.org).
If you are currently on ACH, please authorize continued processing.
Authorization Granted: _____

() 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