

2025 Social and Pickleball Membership Application



Applicant's Name _____ DOB (Required) _____ Age _____

Local Address: _____ Is this a mailing address? (Y or N) _____ Winter Address: From _____ to _____

Mobile Phone: _____

Email: _____

Please check box to opt out of emailed billing statements:

Please select the Membership Category(s) you are requesting:

	Dues	Capital Fund	Sales Tax	Total
Family Social	\$288.75	\$50.00	\$27.10	\$365.85
Single Social	\$147.00	\$25.00	\$13.76	\$185.76
Family Pickleball <input type="checkbox"/>	\$388.89	\$50.00	\$35.11	\$474.00
Single Pickleball <input type="checkbox"/>	\$243.05	\$25.00	\$21.44	\$289.49

Please complete this section for Family Memberships:

Spouse or Significant Other's Name _____ DOB _____ Mobile Phone _____

Spouse or Significant Other's Email: _____

Please list your children (18 and under or in college):

Child's Name _____ Age _____ Permit charges to account? (Y or N) _____

Child's Name _____ Age _____ Permit charges to account? (Y or N) _____

Financial Clause: I understand and agree that as a member of Lakeside Country Club, I will have an annual minimum food and beverage spending requirement of \$390 for a family social or pickleball membership and \$185 for a single social or pickleball membership. Pro Shop charges are not applicable.

Applicant's Signature _____ Date _____

For Office Use: Date Rec'd ____ / ____ / ____ Amount Rec'd \$ _____ Method of Payment _____

Updates: Golf 365 _____ Calendar _____ Master List _____ Email _____