



RECREATION CENTERS OF SUN CITY WEST INC

19803 N R H JOHNSON BLVD, SUN CITY WEST AZ 85375

623.544.6100

membership@suncitywest.com

WEB: suncitywest.com

Associate Member Application / Information

This application is a request for a non-titleholder resident of Sun City West, residing with an Owner Member(s), at this property address, be granted membership as an Associate Member in the Recreation Centers of Sun City West Inc, known as "Association".

RESPONSIBILITIES:

1. Each property titleholder must remain current in payment of annual membership dues and fees
2. All titleholder(s) and Associate Member(s) are subject to all the responsibilities and obligations of membership as set forth in the Association's Governing documents
3. Misrepresentation of qualifications required for membership as an Associate Member by this applicant and/or titleholder(s) may jeopardize the titleholder(s) privileges as an Owner Member

QUALIFICATIONS OF AN ASSOCIATE MEMBER (AM):

1. Must remain current in the payment of the Associate Member fee
2. Must be nineteen (19) years of age or older and show appropriate age documentation to Member Services

PRIVILEGES OF AN ASSOCIATE MEMBER (AM):

1. AM will have full privileges, rights and responsibilities for using facilities
2. AM will have the right to membership in Chartered Cubs if an as long as AM complies with the rules, regulations and procedures

LIMITATIONS OF AN ASSOCIATE MEMBER (AM)

1. AM is not eligible to vote in Governing Board elections or meeting, nor to sign petitions of the Association, nor eligible to hold office in the Association's Governing Board
2. AM membership fee is non-refundable and non-transferrable
3. Misrepresentation of qualifications for Associate Membership may jeopardize membership privileges

ASSOCIATION'S GOVERNING DOCUMENTS

1. Complete qualifications for an Associate Member are detailed in the Association Bylaws
2. Association Bylaws are available online at www.suncitywest.com

ACKNOWLEDGEMENT BY OWNER MEMBER(S) AND APPLICANT

I/we as the Owner Member(s) and the Applicant, have read and understand the qualifications, privileges, responsibilities and limitations of the membership of an Associate Member of the Association. Out signature(s) below indicate we understand this and state that we are compliant with Association Governing documents and request this application be processed.

SUN CITY WEST PROPERTY ADDRESS: _____

Owner Member Signature

Owner Member # _____

Date: _____

Association Member Signature

Associate Member # _____

Date: _____