

SMALL POINT CLUB, INC.
APPLICATION FOR ASSOCIATE MEMBERSHIP

Applicant Name: _____

Co-Applicant Name: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Business Address (If Applicable): _____

Business Phone: _____

Business Email: _____

Children's Names/D.o.B. _____

Attached are three (3) Letters from the following Small Point Club Shareholders, who have held shares for at least three (3) years:

Primary Sponsor: _____

Additional Sponsor #1 _____

Additional Sponsor #2: _____

I/we understand that access to Club parking, the Small Point beach, and other facilities is limited to Club Members and their Guests who are in residence at the Club at the time.

Applicant Signature: _____

Co-Applicant Signature: _____

Please give this completed Application to your Primary Sponsor. When the packet is complete, please mail it to: Elisabeth Hazard, Membership Secretary: P.O. Box 9, Phippsburg, ME 04562 between May and September; 125 W. Monroe Street, Colorado Springs, CO 80907 the other months. If you have questions. please email her at: hodiehazard@yahoo.com