

Memorial West Community Club

2023 Membership Form

Please complete this form, enclose a check payable to MWCC, and return to:

Nottingham Maintenance Fund

(C/O) Crest Management

17171 Park Row, Suite 310

Houston, TX 77084

Name: _____ New Member: Yes _____ No _____

Spouse's Name: _____ Address: _____

City: _____ State _____ Zip Code: _____ Subdivision: _____

Phone: _____ Email Address: _____

Name	Birthdate	Name	Birthdate

How did you hear about MWCC? (Please Circle One)

Website Realtor Friend/Neighbor Other: _____

What Activities are you most likely to participate in?

<input type="checkbox"/> Tennis	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Children's Activities	<input type="checkbox"/> Other
<input type="checkbox"/> Men's Program	<input type="checkbox"/> Adult Activities	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Pool Area
<input type="checkbox"/> Women's Program	<input type="checkbox"/> Children Activities	<input type="checkbox"/> Sport Court	
<input type="checkbox"/> Child/Pre-Teen	<input type="checkbox"/> Teen Activities	<input type="checkbox"/> Fitness	

Annual MWCC Membership Dues entitles family members to all privileges of Memorial West Community Club.

_____ Annual Family Membership Dues.....\$525.00

Emergency Contacts (In order of preference):

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Health Conditions that MWCC should be aware of:

Contact: Jessica Loving; Phone: 281-945-4667; Email: jessica@crest-management.com or Board Member Scott Miller at spm6110@gmail.com

****Privacy Notice:** The information collected here will be used for club purposes only. MWCC does not sell the membership list. Members are asked not to use directory information as a blanket mailing list.