

# Memorial West Community Club

## 2024 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?**

Tennis	Social Activities	Children's Activities	Other
___ Men's Program	___ Adult Activities	___ Swim Team	___ Pool Area
___ Women's Program	___ Children Activities		___ Sport Court
___ Child/Pre-Teen	___ Teen Activities		___ 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; Phone: 281-945-4667; Email: [jessica@crest-management.com](mailto:jessica@crest-management.com) or Anna Marchand at [anna\\_lee03@hotmail.com](mailto:anna_lee03@hotmail.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.