



Application for Membership Portuguese Bend Beach Club

Date: _____
First & Last Name (please print clearly): _____

Spouse/Domestic Partner's Name: _____

Home Address: _____
Street Address City State Zip Code

Mailing Address if different from above: _____

E-mail address(es): _____

Home phone: _____ Cell phone: _____ Work Phone: _____

Employer: _____

Business Address: _____
Street Address City State Zip Code

Spouse/Domestic Partner's Employer: _____
Work Phone

Emergency Contact: _____
Name Relationship Phone Number

Names of organizations to which my family presently belongs:

1. _____ 2. _____
3. _____ 4. _____

I (Have) (Have Not) been a past Resident member. Year _____

I (Have) (Have Not) been a past Beach Use Licensee. Year _____

I (Have) (Have Not) applied for membership previously. Year _____

I submit the names of three Resident Members to whom I am known. (As an alternate use names of present Beach Use Licensees).

I understand that the Board will weigh references in the following order: 1. Resident Members 2. Beach Use Licensees

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

I understand the above references will be called.

Signature _____ Signature _____

Please MAIL completed application to: Portuguese Bend Beach Club, 4100 Palos Verdes Drive South, Rancho Palos Verdes, CA 90275
Thank you for your application. We look forward to seeing you at the Club!