



Office Use Only	
Membership #	_____
Date Joined	_____
Amount Paid	_____
Reference #	_____
Renewal:	_____

Membership Application

Membership Application

Name: _____	DOB: _____	M/F _____
Address: _____		
City: _____	State: _____	Zip: _____
Phone: (H) _____	(W): _____	
Cell: _____	Other: _____	
Email: _____		
Type Of Membership		
Referred By: _____		
Family \$195.00 _____	Single \$160.00 _____	Junior \$90.00 _____
Senior \$100.00 _____	Senior Couple \$125 _____	Age 55 or Older
Credit Card/Debit Card Information		
Visa: _____	Exp. Date: _____	
MasterCard: _____	Exp. Date: _____	
Other: _____	Exp. Date: _____	
<small>* Credit Card Mandatory For Annual Memberships & House Account Privileges</small>		
Family Membership Information:		
Spouse's Name: _____	DOB: _____	
Child: _____	DOB: _____	
Child: _____	DOB: _____	
Child: _____	DOB: _____	
Child: _____	DOB: _____	
Junior Membership Information:		
Parent/Guardian Name: _____	DOB: _____	

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

