



Office Use Only

Membership # _____

Date Joined _____

Amount Paid _____

Reference # _____

Renewal _____

Membership Application

Name: _____ DOB: _____ M/F: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (h): _____ (cell) _____

Email: _____

Type of Membership

membership is available either **YEARLY** or **MONTHLY** (9 mos. consecutive billing)

Yearly: ___ Family (\$195.00) ___ Single (\$160.00) ___ Junior (\$90.00) ___ Senior (\$100.00) ___ Sr. Cpl (\$125.00)

or

Monthly: ___ Family (\$25.00) ___ Single (\$20.00) ___ Junior (\$15.00) ___ Senior (\$15.00) ___ Sr. Cpl (\$17.00)

Credit Card/Debit Card Information

Credit Card Mandatory for Monthly Memberships & House Account Privileges

Visa/MC: _____ Exp. Date: _____

AMEX: _____ Exp. Date: _____

Discover: _____ Exp. Date: _____

Family Membership Information

Spouse's Name: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Junior Membership Information

Parent/Guardian: _____ DOB: _____

Signature: _____ Date: _____

Yearly membership is one year from the date signed. Monthly memberships are authorizing a 9 consecutive monthly charge to credit card on file. No refunds or transfer of unused membership.