

MEMBERSHIP APPLICATION

ADDRESS _____

CITY _____

STATE _____

ZIP _____

HOME PHONE _____

WORK PHONE _____

E-MAIL ADDRESS _____

ADULTS (18+)
LIMIT TWO

#1 _____ x \$57 = _____
FIRST AND LAST NAME (PLEASE PRINT)

#2 _____ x \$37 = _____
FIRST AND LAST NAME (PLEASE PRINT)

CHILDREN (3-17)
SAME RESIDENCE

#1 _____ x \$23 = _____
FIRST AND LAST NAME (PLEASE PRINT) AGE

#2 _____ x \$18 = _____
FIRST AND LAST NAME (PLEASE PRINT) AGE

#3 _____ x \$15 = _____
FIRST AND LAST NAME (PLEASE PRINT) AGE

#4 _____ x \$15 = _____
FIRST AND LAST NAME (PLEASE PRINT) AGE

GUEST PASS

#1 _____ x \$70 = _____
GUEST PASS
(VALID FOR ONE GUEST PER VISIT WHEN ACCOMPANIED BY A CURRENT MEMBER)

GRAND TOTAL

\$ _____

PAYMENT

Cash Check# _____

Credit Card (circle): VISA MC DISC AMEX

Account# _____ Exp. Date: _____

Name: _____ Signature: _____
(as it appears on card)

For Office Use Only:

Prices subject to change.