

Member Information Form

Grown-up Name #1

Grown-up Name #2

Street Address

City

State

Zip Code

Primary Phone Number

Alternate Phone Number

Email Address

<input type="checkbox"/> Renewal	1 year	6 months
3 person	<input type="checkbox"/> \$95	<input type="checkbox"/> \$75
4 person	<input type="checkbox"/> \$115	<input type="checkbox"/> \$90
5 person	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105
6 person	<input type="checkbox"/> \$155	<input type="checkbox"/> \$120
7 person	<input type="checkbox"/> \$175	<input type="checkbox"/> \$135

FOR OFFICE USE ONLY:

EMPLOYEE NAME

DATE

Membership Cost

Additional (1 year) Person ____ x \$20 Each

Additional (6 months) Person ____ x \$15 Each

Additional Grown-up Name @ \$10

(Limit: 1. Will not increase # of guests admitted.)

Name

Optional Donation

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total: \$ _____

Payment Method: (select one)

Cash Check # _____ Gift Certificate _____
 Visa MasterCard American Express Discover

Card Number _____ Exp. Date _____

Signature _____



membership sign up

