

Marina Swim & Tennis Club

Waiting List Form

Primary Prospective Member Last Name _____ First Name _____

Spouse's Name _____

Address _____

City, State, Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

E Mail Address _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Total Number of Family Members _____

Membership Rates

Individual	\$600	Family 5	\$2,200
Family 2	\$1,200	Family 6	\$2,500
Family 3	\$1,600	Family 7	\$2,700
Family 4	\$1,900		

I am very interested in joining the Marina Swim & Tennis Club. I have enclosed a \$50.00 non-refundable deposit or authorize charging \$50.00 to my Master Card or Visa charge card.

Payable by Check # _____ or

Credit Card # _____

Expiration Date _____ CVC Code _____ Billing Zip Code _____

PRIMARY PROSPECTIVE SWIM & TENNIS MEMBER:

_____ (Signature) Date: _____