

# 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 \_\_\_\_\_

### 2018 Membership Rates

Individual \$600 Family 4 \$2,400

Family 2 \$1,200 Family 5 \$3,000

Family 3 \$1,800 Family 6 \$3,600

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: \_\_\_\_\_