

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 _____

2019 Membership Rates

Individual	\$650	Family 4	\$2,600
Family 2	\$1,300	Family 5	\$3,250
Family 3	\$1,950	Family 6	\$3,900

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: _____