

Sisters Athletic Club Membership Application

Applicant: Name _____ DOB _____ - _____ - _____ Home Phone _____ - _____ - _____
 Mailing address _____ City _____ State _____ Zip _____
 Co-Applicant: Name _____ DOB _____ - _____ - _____
 Child's: Name _____ DOB _____ - _____ - _____
 Child's: Name _____ DOB _____ - _____ - _____
 Child's: Name _____ DOB _____ - _____ - _____

Applicant's Employer _____ Title _____ Phone _____ - _____ - _____
 Business Address _____ City _____ State _____ Zip _____
 Co-Applicant Employer _____ Title _____ Phone _____ - _____ - _____
 Business Address _____ City _____ State _____ Zip _____

Please indicate your preferred method of Payment: Either Method will incur a late fee if not paid by the 20th of each month

EFT Payment Method (This method receives a \$5 monthly discount)

I, _____ authorize my bank to make my payment by the method indicated below, and post it to my account.

- Checking (For Checking Account Authorization, attach a voided check)
- MasterCard Account # _____ Exp Date ____/____
- Visa Account # _____ Exp Date ____/____
- Other _____ Account # _____ Exp Date ____/____

Bank Name _____
 Address _____ City _____ State _____ Zip _____

Invoice Payment Method (This method does not get a \$5 monthly discount.)

I, _____ agree to pay my bill by invoice.

Signature

Date

Office use only

Initiation Fee: \$ _____
 Dues: \$ _____
 Total Due: \$ _____
 Amount Paid: \$ _____
 Amount Due: \$ _____

Member # _____

Check # _____
 Charge _____

Date Accepted _____ By _____ Start Date _____

- Individual
- Couple
- Family Number of Children younger than 21 years old _____
- Corporate Name of Corporation _____
- Special billing instructions: _____
- Other _____

