

# Sisters Athletic Club Membership Application

Applicant: Name \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Co-Applicant: Name \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Childø: Name \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Childø: Name \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Childø: Name \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicantø 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 20<sup>th</sup> of each month

**EFT Payment Method** (This method receives a \$10 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 \$10 monthly discount.)

I, \_\_\_\_\_ agree to pay my bill by invoice.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Office use only		Member # _____
Initiation Fee:	\$ _____	
Dues:	\$ _____	
Total Due:	\$ _____	
Amount Paid:	\$ _____	Check # _____
Amount Due:	\$ _____	Charge _____
Date Accepted _____	By _____	Start Date _____
<input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family Number of Children younger than 21 years old _____ <input type="checkbox"/> Corporate Name of Corporation _____ Special billing instructions: _____		
<input type="checkbox"/> Other _____		

