



## Sisters Athletic Club Membership Application

Applicant: \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Co-Applicant \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child's: Name \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child's: Name \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child's: Name \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Auto pay is on the 15<sup>th</sup> of each month and covers the current month's dues.**

House charges are posted the following month. Late fee applies if balance is not paid by the end of the month.

I, \_\_\_\_\_ authorize my bank to make my payment to SAC by the method indicated below:

Direct Withdrawal from bank account **(must attach a voided check)**

Credit/Debit Card (circle one)      Visa    MasterCard    American Express    Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Billing address if different than above: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Initiation Fee:      \$ \_\_\_\_\_

Dues:                \$ \_\_\_\_\_

Total Due:         \$ \_\_\_\_\_

Amount Paid:      \$ \_\_\_\_\_

Amount Due:       \$ \_\_\_\_\_

Start Date \_\_\_\_\_

Single

Couple

Family \*For Children younger than 25 years old living at home

Other \_\_\_\_\_

Special Billing Instructions \_\_\_\_\_