

Name _____

Second Adult (if applicable) _____

____ Number of dependent children 21 and under *OR*

____ Number of grandchildren 21 and under

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail _____

Please list children covered by your membership.
(Household & Household Plus)

First Name	Last Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW MEMBER **RENEWAL** Membership Number _____

\$59 INDIVIDUAL

One member.

\$109 DUAL

Choose:

Two members at same address.

One member PLUS guest.*

\$139 HOUSEHOLD

One or two members at same address and their dependent children age 21 and under.

\$159 HOUSEHOLD PLUS

Same as Household, PLUS one free guest each visit.*

\$139 GRANDPARENT

One or two members at same address and their grandchildren age 21 and under. Grandchildren must be accompanied by a named adult member.

\$159 GRANDPARENT PLUS

Same as Grandparent, PLUS one free guest each visit.* Grandchildren must be accompanied by a named member.

*Guest must be accompanied by the named member.

OFFICE USE

____ Duplicate Card (receipt attached) ____ Upgrade ____ Change (Name/Address change)

____ Employee ____ Scanned

Notes _____