

MEMBERSHIP FOR:

Name _____

Second Adult (if applicable) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ E-mail _____

____ Number of dependent children 21 and under *OR*

____ Number of grandchildren 21 and under

Send to: ☐ Recipient ☐ Me

Send renewal notice to: ☐ Recipient ☐ Me

Message: _____

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

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

OFFICE USE

____ Employee Notes _____

MEMBERSHIP FROM:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ E-mail _____

MEMBERSHIP TYPE (CHECK ONE)

☐ **\$55 INDIVIDUAL**

One member.

\$100 DUAL

Choose:

☐ Two members at same address.

☐ One member PLUS guest.*

☐ **\$130 HOUSEHOLD**

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

☐ **\$155 HOUSEHOLD PLUS**

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

☐ **\$130 GRANDPARENT**

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

☐ **\$155 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.