

LAST NAME	FIRST	E-MAIL	YEAR
ADDRESS	TOWN	ZIP	PHONE

PLEASE READ CAREFULLY AND SIGN BELOW

Application for Annual Membership is hereby made to Richboro Swim Club. I/we agree that if elected to membership by the committee, to abide by all the rules and regulations of the club. I agree to release the club and property owners from all liability from my, or my guests' participation in any sport, exercise or activity of the club.

SIGNATURE

Full Name (including signer above)	Birth Date MO/DAY/YR	SEX (M/F)		

Budget Payment Plan Enrollment Form 2017 For Visa & Mastercard ONLY!

No money orders, checks, debit, MAC,

American Express or Discover Cards for Budget Plan. Please sign me up for the Budget Payment Plan. The scheduled payments will be charged to the authorized credit card on the dates below. I understand that there are no refunds and membership privileges will be suspended if the payment plan is not completed on schedule.

No admittance if not paid in full by June 5, 2018 All Budget Plan Payments are by pre-authorized credit card only. Scheduled payments will be charged to your card on March 5. April 5 and May 5 and June 5 \$10 service charge for credit card declines.

Name	Phone Number	# of Members	Total Due
Credit Card Type VISAMCard C	ar <u>d #</u>	CID# Last 3 Digits on s	Exp Date

Signature

RETURN THE TOP OF THIS FORM WITH YOUR REGISTRATION FORM • CUT & KEEP SCHEDULE BELOW FOR YOUR RECORDS

TOTAL DUE CHART		Charged March 6		Charged April 6		Charged May 6			Charged June 6		
Single	\$533	Single	\$133	Single	\$133	Single	\$133	<u>ן</u> ך	Single	\$134	
Family 2	\$865	Family 2	\$216	Family 2	\$216	Family 2	\$216		Family 2	\$217	
Family 3	\$969	Family 3	\$242	Family 3	\$242	Family 3	\$242		Family 3	\$243	
Family 4	\$1069	Family 4	\$267	Family 4	\$267	Family 4	\$267		Family 4	\$268	
Family 5	\$1168	Family 5	\$292	Family 5	\$292	Family 5	\$292		Family 5	\$292	
Family 6	\$1267	Family 6	\$317	Family 6	\$317	Family 6	\$317		Family 6	\$316	