

Sisters Athletic Club Membership Application

Applicant: Name _____ DOB ____ - ____ - ____ Home Phone ____ - ____ - ____
 Mailing Address _____ City _____ State ____ Zip ____
 Co-Applicant: Name _____ DOB ____ - ____ - ____
 Child's: Name _____ DOB ____ - ____ - ____
 Child's: Name _____ DOB ____ - ____ - ____
 Child's: Name _____ DOB ____ - ____ - ____

Applicant's Employer _____ Title _____ Phone ____ - ____ - ____
 Business Address _____ City _____ State ____ Zip ____
 Co-Applicant Employer _____ Title _____ Phone ____ - ____ - ____
 Business Address _____ City _____ State ____ Zip ____

E Mail Address

Please indicate your preferred method of Payment: Either Method will incur a late fee if not paid by the 20th of each month

EFT Payment Method (Non EFT payment methods will receive a \$10 charge)

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 receives a \$10 charge.)

I, _____ agree to pay my bill by invoice.

Signature

Date

	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 *For Children younger than 25 years old living at home <input type="checkbox"/> Other _____ <input type="checkbox"/> Special Billing Instructions _____	

