



Sisters Athletic Club Membership Application

Member 1: _____ DOB ____ - ____ - ____ Phone ____ - ____ - ____
 Member 2: _____ DOB ____ - ____ - ____ Phone ____ - ____ - ____
 Member 3: _____ DOB ____ - ____ - ____
 Member 4: _____ DOB ____ - ____ - ____
 Member 5: _____ DOB ____ - ____ - ____

Who can we thank for referring you? _____

Auto pay is on the 15th 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: _____

Signature _____ Date _____

Initiation Fee:	\$ 175			
Member 1 Monthly Dues	\$ _____			
Member 2 Initiation Fee:	\$ 125			
Member 2 Monthly Dues:	\$ _____			
Members 3+ Initiation Fee:	\$ 50			
Members 3+ Monthly Dues:	\$ 15 ea = _____			
Amount Paid:	\$ _____	Start Date _____		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Member 1 <input type="checkbox"/> Matinee <input type="checkbox"/> Standard Fitness <input type="checkbox"/> Standard Swim <input type="checkbox"/> Premium <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top;"> Member 2 <input type="checkbox"/> Matinee <input type="checkbox"/> Standard Fitness <input type="checkbox"/> Standard Swim <input type="checkbox"/> Premium <input type="checkbox"/> Other _____ </td> </tr> </table>			Member 1 <input type="checkbox"/> Matinee <input type="checkbox"/> Standard Fitness <input type="checkbox"/> Standard Swim <input type="checkbox"/> Premium <input type="checkbox"/> Other _____	Member 2 <input type="checkbox"/> Matinee <input type="checkbox"/> Standard Fitness <input type="checkbox"/> Standard Swim <input type="checkbox"/> Premium <input type="checkbox"/> Other _____
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