



# Membership Application

### Member Agreement

I agree to abide by rules and regulations of the facility. I agree to pay all prevailing monthly dues so long as I or any of my other immediate family members retain any membership. I understand my membership is non-transferable and dues are subject to change. **Dues will post the 1<sup>st</sup> of every month. If not paid by the 5<sup>th</sup> day, accounts will be alerted on the computer at check-in. Bills will be sent out the 10<sup>th</sup> of the month to any member with unpaid charges. Membership will be considered active until member calls or writes to cancel.**

**Please check type of membership you are applying for and circle desired payment plan.**

- \_\_\_\_\_ Individual                      Monthly                                      12 Month
- \_\_\_\_\_ Family                              Monthly                                      12 Month
- \_\_\_\_\_ Senior (62+)                      Monthly                                      12 Month
- \_\_\_\_\_ Senior Couple                      Monthly                                      12 Month
- \_\_\_\_\_ Corporate Individual              Monthly                                      12 Month
- \_\_\_\_\_ Corporate Family              Monthly                                      12 Month

\*If corporate membership, company name, city \_\_\_\_\_

Dr. Mr. Ms. Miss Mrs. \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Business/Employer \_\_\_\_\_ Mobile Phone \_\_\_\_\_

\*Email Address \_\_\_\_\_ (used by NCKWC only)

### 2<sup>nd</sup> Adult Member

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Business/Employer \_\_\_\_\_ Phone \_\_\_\_\_

### Dependents – under 21 yrs.

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

|                                     |                               |
|-------------------------------------|-------------------------------|
| <b>Office Use Only</b>              |                               |
| Membership #: _____                 | <b>Amount Paid:</b> _____     |
| Additional Membership #'s: _____    |                               |
| Payment Method: Check number: _____ | Cash                      EFT |