



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 1st of every month. If not paid by the 5th day, accounts will be alerted on the computer at check-in. Bills will be sent out the 10th 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)

2nd Adult Member

Name _____ Email Address _____

Business/Employer _____ Phone _____

Dependents – under 21 yrs.

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Office Use Only		
Membership #: _____	Amount Paid: _____	
Additional Membership #'s: _____		
Payment Method: Check number: _____	Cash	EFT