

MEMBERSHIP APPLICATION

CATCH THE WAVE SWIM CLUB, INC., 1917 BLACKHAWK BLVD, SOUTH BELOIT, IL 61080

Name:

Date of birth:

Email

Phone:

Current address:

City:

State:

ZIP Code:

PAYMENT INFORMATION

Credit card

Mc/visa/discover

Address(if different than above)

City:

State:

Zip code;

PENGUIN FAMILY MEMBERSHIP \$660

Name

Name

Student

Student

Student

SINGLE MEMBERSHIP \$396

Name:

Monday-Saturday

55 + SENIOR FAMILY MEMBERSHIP \$336

Name

Name

Mon/Wed/Fri

Tues/Thurs/Sat

55 + SENIOR MEMBERSHIP \$168

Name

Mon/Wed/Fri

Tues/Thurs/Sat

SINGLE MEMBERSHIP \$198

Mon/Wed/Fri

Tues/Thurs/Sat

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership):*

Date: