

Seasonal memberships include use of the outdoor pool and use of picnic, volleyball, and basketball areas. Use of Tennis Courts and Fitness Classes requires an add-on fee. Children under the age of 12 must be accompanied by an adult at the pool.

Please check □NEW SEASO	ONAL □NEW POOL ADD-ON	DATE
NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	DATE OF BIRTH
PLACE OF EMPLOYMENT		BUSINESS PHONE:
BUSINESS ADDRESS		
E-MAIL ADDRESS (to receive V	Vestern newsletters and updates) _	
EMERGENCY CONTACT		PHONE(S)
□SENIOR-\$330 (+25.74 tax) A one-time administration fee will be		ect to 7.80% sales tax)
		ne Club in order to receive the membership discount during wanting to add a couple (\$75) or family (\$100).
CURRENT MEMBER ADD-ON	□FAMILY*-\$ 200.00 (+15.60 tax) [□COUPLE**- \$160 (+12.48 tax) □INDIVIDUAL- \$100.00 (+7.80 tax
□SENIOR \$100.00 (+7.80 tax)	□YOUNG PROFESSIONAL (YP)-\$100.00 (+ 7.80 tax) STUDENT***-\$100.00 (+7.80 tax)
*Family Membership privileges ar members are required to maintain **Couple (Any two individuals in t ***Student is a person under the a Children must be 14 to work out	their own memberships. the same household). age of 26.	rried children 25 and under. Upon reaching the age of 26, family
WERE YOU REFERRED HERE PLEASE COMPLETE THE FOL	BY ANYONE? INO INCLUDING FOR FAMILY MEMBERS	YES, BY WHOM WHO QUALIFY FOR A FAMILY MEMBERSHIP
SPOUSE		DATE OF BIRTH
PLACE OF EMPLOYMENT		BUSINESS PHONE
BUSINESS ADDRESS		CELL PHONE
E-MAIL ADDRESS (to receive V	Vestern newsletters and updates)	FOR CUIL PREM, PROVIDE
CHILDREN'S NAMES	DATE OF BI	FOR CHILDREN, PROVIDE RTH NAME OF SCHOOL ATTENDING
☐ Add - Babysitter \$100.00 (+ 7.80	tax) Name of Babysitter	

Waiver and Release from Liability: Applicant agrees to defend, indemnify, and hold Western Athletic Club, LLC and its owners, members, officers, agents, and employees harmless from any and all liability arising out of injury, death, or damage to personal property associated with participation in activities, services, and programs at Western or use of Western's facilities by Applicant, Applicant's Spouse, or other Family Members identified in this Application and Agreement. All family members 18 and older are required to individually sign this waiver and release from liability

Applicant Member		_	Co-Applicant Member		
Date Family Member aged 18-25 (if applicable)			Pate Family Member aged 18-25 (if applicable)		
		FOR OFFIC			
MEMBERSHIP PAID HOW P	AIDADMINI	ISTRATION I	EE	_ HOW PAID	EMPLOYEE INITIALS
CLUB BUCKS PAID TO1/23/24 ch		AMOUNT_		DATE	BY_
Account Number					-
Cardholder's Name					-
Expiration Date		3 or 4 di	git code)	
This authority shall remain i cancellation of my members		effect unti	l Weste	ern has receiv	ed written notification of
Signature					
Printed Name					
Date					