

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 SEASON	IAL DNEW POOL ADD-ON DS	EASONAL CLUB ADD-C	DN DATE		
NAME					
ADDRESS					
CITY	STATE	ZIP	_ZIP		
HOME PHONE	CELL PHONE	DATE	DATE OF BIRTH		
PLACE OF EMPLOYMENT		BUSINE	SS PHONE:		
BUSINESS ADDRESS					
E-MAIL ADDRESS (to receive V	Vestern newsletters and updates)				
EMERGENCY CONTACT		PHONE(S)			
CHECK MEMBERSHIP DESIRI	ED □FAMILY* -\$620 (+48.36 tax)	□COUPLE** -\$530 (+41.34	4 tax)		
□SENIOR-\$315 (+24.57 tax)	□YOUNG PROFESSIONAL (YP)-\$315 (+24.57 tax)	STUDENT*** -\$210 (+16.38 tax)		
	required for new members only: (Subjudal, \$20 Young Professional, \$20 Seni				
	to have active membership for t rade fee for single memberships		eive the membership discount during ole (\$75) or family (\$100).		
CURRENT MEMBER ADD-ON	□FAMILY*-\$ 450.00 (+35.10 tax)	□COUPLE** -\$400 (+31.2	20 tax) □INDIVIDUAL-\$ 300.00 (+23.40 ta		
□SENIOR \$ 220.00 (+17.16 tax)	☐YOUNG PROFESSIONAL (Y	P)-\$ 220.00 (+ 17.16 tax	STUDENT***-\$ 160.00 (+12.48 tax)		
members are required to maintain **Couple (Any two individuals in t ***Student is a person under the a	their own memberships. the same household). age of 26. ncludes 7.8% sales tax) □INDIVID		PLE-\$161.70		
WERE YOU REFERRED HERE PLEASE COMPLETE THE FOL	BY ANYONE? INO INCLUDING FOR FAMILY MEMBERS	YES, BY WHOM S WHO QUALIFY FOR A	A FAMILY MEMBERSHIP		
SPOUSE		DATE OF	BIRTH		
PLACE OF EMPLOYMENT		BUSINES	BUSINESS PHONE		
BUSINESS ADDRESS		CELL PH	CELL PHONE		
E-MAIL ADDRESS (to receive V	Vestern newsletters and updates)				
CHILDREN'S NAMES	DATE OF B	IRTH <u>I</u>	FOR CHILDREN, PROVIDE 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 Date Family Member aged 18-25 (if applicable)			Co-Applicant Member Date			
			Family Member aged 18-25 (if applicable)			
Date If Applicant is under the a complete responsibility for		ure of	Date		_, minor's parent or guard	ian assuming
MEMBERSHIP PAID	_ HOW PAID		FICE USE ON FEE		EMPLOYEE INITIALS	
CLUB BUCKS PAID TO		AMOU	NT	DATE	BY	