



2010 Associate Individual & Family Member Application

Name: _____ Email: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone # Wk/Cell: _____ Phone # Home: _____
 Credit Card #: _____ Exp Date: _____
 Birthday _____

Please Include Family Members Name and Email for Family Memberships:

Please Check Membership Option

- Individual Associate Membership \$300.00
- Family Associate Membership \$375.00 +
 - o Additional children at \$75 each
- Individual Practice Membership \$1095.00
- Family Practice Membership \$1650.00
- Individual Ultimate Associate Membership \$3195.00
- Family Ultimate \$4495.00 +
 - o Additional children at \$500 each
- Senior Weekday Ultimate Membership \$2195.00
 - o Add spouse \$1000 additional

Membership Bundle Package

\$1750.00

- Individual Practice Membership & \$805.00 Club Card
- Individual Associate Membership & \$1600.00 Club Card

Additional Services

- Private Locker \$110.00
- Club Storage \$110.00
- Four ½ Hour Private Lessons \$200.00

Total \$ _____