



**2017 Membership Registration Form (Non-OT Resident)**  
**Pay checks payable to OLD TRAIL SWIM CLUB, LLC**

**Membership Type (check one):**    **Family (\$875)**     **2-Person (\$550)**     **3-Person (\$712)**   
**Individual (\$415)**     **Nanny Pass\* (\$100)**

**Primary Member**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Members:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_  
If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_  
If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_  
If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_  
If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_  
If under 18, please give age: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Paid by cash or check (list check #): \_\_\_\_\_

\*Separate Nanny Application Required