



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

Membership Type (check one): Family (\$750) 2-Person (\$510) 3-Person (\$630)
Individual (\$370) 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