



2018 Membership Registration Form (Old Trail Resident)
Please make Checks payable to OLD TRAIL SWIM CLUB, LLC

All Inclusive Membership Type (check one):

Family (\$750) 2-Person (\$510) 3-Person (\$630) Individual (\$370)

Daily Fee Membership Initiation Fee:

Old Trail Resident Daily Fee Membership (\$150)

Primary Member

First Name: _____ Last Name: _____ MI: _____

Email: _____ Phone: _____

Mailing Address:

Credit Card Information:

Card Type: (MC, VISA, AMEX, Disc): _____
Card Number: _____
Expiration M/Y: ___ / ___ Security (3 or 4 digit): _____
Billing Address ZIP Code: _____

All Inclusive Plan 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, check (list check #) or Credit Card (last digits on card) : _____