



# Club Marinole 2019 Membership Dues

802 Judith Dr., Kettering, OH 45429

Form and payment may be mailed to:

Sarah Howdeshelt

801 Sequoia Court

Kettering, OH 45419

Questions? Email us: [info@clubmarinole.com](mailto:info@clubmarinole.com)

All Information is Required Each Year for Liability and/or Emergency Purposes.

Membership Dues  
Single Adult (18 years +)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

2019 Seasonal Dues: \$255.00

Membership Fee: \$\_\_\_\_\_

To become an active member, there is a 1 time membership fee of \$225. You can pay the full amount or pay \$75 for 3 years.

Please fill in the amount you will be paying next to Membership Fee.

Tax (7.5%) \$\_\_\_\_\_

**TOTAL Due by June 1, 2019:** \$\_\_\_\_\_

Donation: \$\_\_\_\_\_

Guest Passes \$\_\_\_\_\_

(\$20 for 5 passes)

**Add \$25 late fee if paid on or after June 2, 2019.**

\$25 Referral Credit \$\_\_\_\_\_

(from previous year - up to \$100)

Name of Referral (s): \_\_\_\_\_

**TOTAL AMOUNT PAID:** \$\_\_\_\_\_

### Emergency/Medical Information

Emergency Contact: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_

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

Other Medical Info: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Payment Information

Check (Club Marinole)

Credit Card  
(Visa, MC, Discover, & American Express)

Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Zip: \_\_\_\_\_

CCV (3 digit code on back): \_\_\_\_\_

**Early Bird Special: If payment with data sheet is received on or before April 1, 2019, you will receive 5 FREE GUEST PASSES!**

Check if you do not wish to have your info published in the Directory.

\*Member Packets will be handed out at the Front Desk when the pool opens.

\*\*When checking in, please provide your name to the Front Desk Attendant.