

**CELEBRATING
60 YEARS**

Club Marinole 2020 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

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: _____

2020 Seasonal Dues: \$255.00

Tax (7.5%) \$19.13

TOTAL Due: \$274.13

Donation: \$ _____

Guest Passes \$ _____

(\$20 for 5 passes)

\$60 Referral Credit \$ _____

(from previous year - up to \$180)

Name of Referral (s): _____

Emergency/Medical Information

Emergency Contact: _____

Phone: _____

Family Doctor: _____

Phone: _____

Other Medical Info: _____

Preferred Hospital: _____

TOTAL AMOUNT PAID: \$ _____

*3% charge will be added to your membership if you pay with Credit Card

Payment Information

Check (Club Marinole)

Credit Card * 3% charge will be added to your membership
(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, 2020, 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.