## SWIM & TENNIS

## Club Marinole 2021 Membership Dues

802 Judith Dr., Kettering, OH 45429

Form and payment may be mailed to:
Sarah Howdeshelt
801 Sequoia Court
Kettering, OH 45419

TRIAL (1st year member)

Membership Dues

Questions? Email us: info@clubmarinole.com

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

Last Name:		2021 Seasonal Dues:	\$250.00
Spouse:		Tax (7.5%)	\$18.75
		TOTAL Due by June 1, 2021:	\$268.75
Home Phone:			
Cell Phone:		Donation:	\$
	:		
Email:		Guest Passes	\$
Spouse Email:		(\$20 for 5 passes)	
		(4-0-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
		TOTAL AMOUNT PAID:	\$
Family Member (t	ax dependent)		
Name:	DOB:		
Name:	DOB:	Referred by:	
Name:	DOB:		
Name:	DOB:		
Name:	DOB:	Payment Information	
Babysitter:			
		Check (Club Marinole)	
Emergency/Medic	al Information	Credit Card * 3% charge wil	l be added to
Emergency Contact:		your membership (Visa, MC, Discover, & American Express)	
Phone:			
Family Doctor:		Card #:	
Phone:		Name on Card:	
Other Medical Info:		Exp. Date:Zip	
Preferred Hospital:		CCV (3 digit code on back):	
		Early Bird Special: If payment wit	th data sheet is
*Member Packets	will be handed out at the Front Desk	received on or before April 1, 202	1, you will
when the pool ope	ens.	receive 5 FREE GUEST PASSES!	
**When checking	in, please provide your name to the		
Front Desk Attendant.		Check if you do not wish to have your info	
		published in the Directory.	