

BECKETT RIDGE SWIM CLUB

P. O. BOX 842 West Chester, OH 45071

Phone : 513.874.9909 Email : BRAT1@fuse.net Web : beckettbridgeswim.com

GOLD MEMBERSHIP REGISTRATION

COMPLETE THIS SIDE ONLY FOR THE GOLD MEMBER

A. PERSONAL INFORMATION

Last Name _____

Home Address _____

City, State, Zip Code _____

Home Phone _____

Email Address _____

First Name's of Members	Date of Birth	Charge Privileges * (If Credit Card Set Up)
Applicant _____	___/___/___	Yes () No ()
Co-Applicant _____	___/___/___	Yes () No ()
Child (Unmarried & under 25) _____	___/___/___	Yes () No ()
Child (Unmarried & under 25) _____	___/___/___	Yes () No ()
Child (Unmarried & under 25) _____	___/___/___	Yes () No ()
Child (Unmarried & under 25) _____	___/___/___	Yes () No ()
Child (Unmarried & under 25) _____	___/___/___	Yes () No ()

B. PAYMENT INFORMATION (Select your preferred option)

1. Charge Membership **A 4% Processing Fee will be added to your total for Credit Card Payments**

Type of Card (Circle One) Visa MasterCard American Express Discover

Name of Cardholder (as it appears on the credit card) _____

Credit Card Number _____

Expiration Date _____

I authorize Beckett Ridge Aquatics & Tennis, LLC to charge my credit card for the club dues.

Signature _____

2. Cash Only Option Payment by Check Only

WE DO NOT HAVE ANY EXTRA INITIATION OR NEW MEMBER FEES!!

SWIM MEMBERSHIP	AMOUNT INCLUDES SALES TAX			
2018 Season Memorial Day Weekend through Labor Day	Membership Option		() \$549.00	Unlimited visits for everyone in your household

Signature of Member _____

SILVER & BRONZE MEMBERSHIP REGISTRATION

Memberships for pool visits during normal operating hours and special events

A. PERSONAL INFORMATION

Last Name _____
 Home Address _____
 City, State, Zip Code _____
 Home Phone _____
 Email Address _____

B. PAYMENT INFORMATION (Select your preferred option)

1. Charge Membership A 4% Processing Fee will be added to your total for Credit Card Payments

Type of Card (Circle One) Visa MasterCard American Express Discover

Name of Cardholder (as it appears on the credit card) _____

Credit Card Number _____

Expiration Date _____

I authorize Beckett Ridge Aquatics & Tennis, LLC to charge my credit card for the club dues.

Signature _____

2. Cash Only Option

Payment by Check Only

	AMOUNT INCLUDES SALES TAX	SILVER	BRONZE
SWIM MEMBERSHIP 2018 Season Memorial Day Weekend through Labor Day	Membership Option	() \$309.00	() \$159.00
	CHECK ONE	40 Individual Visit Tokens	20 Individual Visit Tokens

SWIM TEAM ONLY MEMBERSHIP REGISTRATION

FOR SWIM TEAM ONLY MEMBERS- FOR PRACTICE AND MEETS ONLY

A. PERSONAL INFORMATION

Last Name _____
 Home Address _____
 City, State, Zip Code _____
 Home Phone _____
 Email Address _____

B. PAYMENT INFORMATION (Select your preferred option)

1. Charge Membership A 4% Processing Fee will be added to your total for Credit Card Payments

Type of Card (Circle One) Visa MasterCard American Express Discover

Name of Cardholder (as it appears on the credit card) _____

Credit Card Number _____

Expiration Date _____

I authorize Beckett Ridge Aquatics & Tennis, LLC to charge my credit card for the club dues.

Signature _____

2. Cash Only Option

Payment by Check Only

	AMOUNT INCLUDES SALES TAX	1 TEAM MEMBER	2 TEAM MEMBERS	3 TEAM MEMBERS
SWIM TEAM MEMBERSHIP 2018 Season Beginning with May Practice through Championships	Membership Option	() \$150.00	() \$225.00	() \$300.00
	CHECK ONE	Practice & Meets Only	Practice & Meets Only	Practice & Meets Only

TEAM MEMBERS MUST BE FROM SAME FAMILY. CAN PURCHASE A SILVER OR BRONZE MEMBERSHIP TO ENTER POOL DURING NORMAL OPERATING HOURS OR PAY THE DAILY GUEST FEE.