

BECKETT RIDGE SWIM CLUB

P. O. BOX 842 West Chester, OH 45071

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

GOLD MEMBERSHIP REGISTRATION

COMPLETE THIS SIDE ONLY FOR THE GOLD MEMBERSHIP - ALL INCLUSIVE AND UNLIMITED VISITS

A. PERSONAL INFORMATION

Last Name _____

Home Address _____

City, State, Zip Code _____

Home Phone _____

Email Address _____

	First Name's of Members	Date of Birth
Applicant	_____	__/__/__
Co-Applicant	_____	__/__/__
Child (Unmarried & under 25)	_____	__/__/__
Child (Unmarried & under 25)	_____	__/__/__
Child (Unmarried & under 25)	_____	__/__/__
Child (Unmarried & under 25)	_____	__/__/__
Child (Unmarried & under 25)	_____	__/__/__

B. PAYMENT INFORMATION (Select your preferred option)

<input type="checkbox"/> 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 _____

<input type="checkbox"/> 2. Cash Only Option	Payment by Check Only
WE DO NOT HAVE ANY EXTRA INITIATION OR NEW MEMBER FEES!!	

SWIM MEMBERSHIP 2019 Season Memorial Day Weekend through Labor Day	AMOUNT INCLUDES SALES TAX		<input type="checkbox"/> \$549.00 Unlimited visits for everyone in your household	
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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
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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 2019 Season Memorial Day Weekend through Labor Day CHECK ONE	Membership Option	<input type="checkbox"/> \$289.00 30 Individual Visit Tokens	<input type="checkbox"/> \$145.00 15 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
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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 2019 Season Beginning with May Practice through Championships CHECK ONE	Membership Option	<input type="checkbox"/> \$150.00 Practice & Meets Only	<input type="checkbox"/> \$225.00 Practice & Meets Only	<input type="checkbox"/> \$300.00 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.