

Seasonal memberships include use of the outdoor pool and use of picnic, volleyball, and basketball areas. Use of Tennis Courts and Fitness Classes requires an add-on fee. Children under the age of 12 must be accompanied by an adult at the pool.

Please check	■ POOL ADD-ON	DATE
NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	DATE OF BIRTH
PLACE OF EMPLOYMENT		BUSINESS PHONE:
BUSINESS ADDRESS		
E-MAIL ADDRESS (to receive Western new	vsletters and updates)	
EMERGENCY CONTACT	P	HONE(S)
CHECK MEMBERSHIP DESIRED GRAMI	LY* <b>-\$560</b> (+43.68 tax)	IINDIVIDUAL <b>-\$375</b> (+29.25 tax)
□SENIOR-\$275 (+21.45 tax) □YOUNG	PROFESSIONAL (YP)-\$283 (	+22.07 tax)
A one-time administration fee will be required for \$55 Family, \$30 Individual, \$20 Young Profession	• • •	30% sales tax)
CURRENT MEMBER ADD-ON DFAMI	LY*-\$ <b>427.00</b> (+33.31 tax)	□INDIVIDUAL-\$ <b>283.00</b> (+22.07 tax)
□SENIOR \$200.00 (+15.60 tax) □YOU!	NG PROFESSIONAL (YP)-\$ <b>21</b>	<b>0.00</b> (+ 16.38 tax) □STUDENT**-\$ <b>150.00</b> (+11.70 tax)
*Family Membership privileges are for the me members are required to maintain their own n **Student is a person under the age of 26.		nildren 25 and under. Upon reaching the age of 26, family
Children must be 14 to work out in the Fitness Co WERE YOU REFERRED HERE BY ANYOI PLEASE COMPLETE THE FOLLOWING FO	NE? 🗆 NO 🔲 YES, E	BY WHOM QUALIFY FOR A FAMILY MEMBERSHIP
SPOUSE		DATE OF BIRTH
PLACE OF EMPLOYMENT		BUSINESS PHONE
BUSINESS ADDRESS		CELL PHONE
E-MAIL ADDRESS (to receive Western new	vsletters and updates)	
CHILDREN'S NAMES	DATE OF BIRTH	FOR CHILDREN, PROVIDE NAME OF SCHOOL ATTENDING
	_	
	_	
_		
☐ Add - Babysitter \$100.00 (+ 7.80 tax) Name of	of Babysitter	

Waiver and Release from Liability: Applicant agrees to defend, indemnify, and hold Western Athletic Club, LLC and its owners, members, officers, agents, and employees harmless from any and all liability arising out of injury, death, or damage to personal property associated with participation in activities, services, and programs at Western or use of Western's facilities by Applicant, Applicant's Spouse, or other Family Members identified in this Application and Agreement. All family members 18 and older are required to individually sign this waiver and release from liability

Applicant Member			Co-Applicant Member				
Pamily Member aged 18-25 (if applicable)			Date				
			Family Member aged 18-25 (if applicable)				
Date If Applicant is under the age of complete responsibility for mind	, 0	ure of	Date		_, minor's parent or guardian a	 assuming	
MEMBERSHIP PAID HOW	V PAID	FOR OFFIC ADMINISTRATION F			EMPLOYEE INITIALS		
CLUB BUCKS PAID TO		AMOUNT_		DATE	BY		