

# NORTHRIDGE SWIM AND TENNIS CLUB

## MEMBERSHIP APPLICATION

Fill out **COMPLETELY**: mail to Northridge Club, 900 WestMelrose  
The undersigned verifies the following information and agrees to abide by the club rules and regulations.

Applicant's name: \_\_\_\_\_ New Member? \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Referred by: \_\_\_\_\_

### DESIRED METHOD OF PAYMENT:

\_\_\_\_\_ Option 1: we will bill you in Feb, Mar, April, and May  
(payment due end of the month)

\_\_\_\_\_ Option 2: we will charge your credit card the end of the month in Feb, Mar, April, and May (fill out the following)

Credit card number \_\_\_\_\_ exp. Date \_\_\_\_\_

Credit card billing address \_\_\_\_\_

Authorizing signature \_\_\_\_\_

\_\_\_\_\_ Option 3: enclosed is my check no. \_\_\_\_\_ (by May) or

Credit card number \_\_\_\_\_ exp date \_\_\_\_\_

Credit card billing address \_\_\_\_\_

Authorizing signature \_\_\_\_\_

## PAYMENT PLAN OPTIONS AVAILABLE (explanation)

There will be three options for payment of membership.

OPTION 1: On-line billing - Feb, Mar, April, and May

OPTION 2: Automatic deduction - Feb, Mar, April, and May

OPTION 3: Lump sum by May 1; check to NR or credit card

### OPTIONS 1 & 2:

Family membership \$100 in Feb & Mar; \$125 in April & May

Couple membership \$100 in Feb, Mar, & April; \$90 in May

Single membership (16 and over) \$75 in Feb, Mar, April, & May  
(payment due by the end of each month)

### OPTION 3:

Family membership \$450 by May 1; \$475 after

Couple membership \$395 by May 1; \$425 after

Single membership (16 and over) \$300 by May 1; \$325 after