

TWISTED OAKS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Membership #	
Address:			Phone:
City:	State:	ZIP Code:	
New Renewal <i>(Please circle)</i>		Email:	

MEMBERSHIP TYPE	PAYMENT OPTIONS	(PLEASE CIRCLE ONE)
Single Annual	One Time Payment: \$3,600	2 Payments \$1,850
Couple Annual	One Time Payment: \$5,500	2 Payments \$2,800
Single Seasonal	One Time Payment: \$2,800	2 Payments: \$1,450
Couple Seasonal	One Time Payment: \$4,450	2 Payments: \$2,250

Plus 6% sales tax

***CHOOSING PAYMENT OPTION COMMITS MEMBER TO 12 OR 6 MONTHS OF PAYMENTS DEPENDENT ON MEMBERSHIP TYPE INITIALS _____**

Emergency Contact Information

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Email:		

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:

APPROVED BY:

Authorized Signature	Date:
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