

Mail in Registration Form 2017 Memberships

Last Name: _____

First Name: _____

Email Address: _____ Phone # _____

Mailing Address: _____

Are you a New Member? Yes _____ No _____
If yes, who referred you to the pool? _____

Please select type of Membership

_____ Family Membership (\$620.00) ** with tax = \$663.40

_____ Individual Membership (\$215.00) with tax = \$230.05

_____ Senior Membership (185.00) with tax = \$197.95

_____ Senior Couple (\$320.00) with tax = \$342.40

** Payment plan available for Family Memberships only, of 5 equal payments of \$132.68 each (Checks only Please with first payment due by January 15th and the last by May 15th. All memberships' fees for payment plan must be received no later than May 15, 2017.

Any questions, please contact Joan at 513-325-4647

Please make checks payable to Philipps Swim Club or if using credit card:

Credit Card # _____ Exp Date: _____

Total Amount Enclosed \$ _____

Mail to:

Philipps Swim Club, PO Box 58054, Cincinnati, Ohio 45258-0054