

# The Dolphin Club of Troy, Inc.

## 2019 Membership Application

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Date:

Family Last Name

Adult Member 1 First Names

Adult Member 2 First Names

Mailing Address

Home Address

City

State

Zip

Email Address 1

Email Address 2

Home Phone

Cell Phone 1

Cell Phone 2

Member 1 Employer

Member 2 Employer

Member 1 Work Phone

Member 2 Work Phone

Children: 1) Age:

2) Age:

3) Age:

Additional Children \$25.00 each

Children: 4) Age:

5) Age:

6) Age:

Grand 1) 3)

Parents: 2) 4)

By signing this application you (as a family, individual, student) agree to abide by the "rules and regulations" and "waiver of liability" attached to this application. Failure to do so could result in loss of membership.

Member 1 Signature

Date

Member 2 Signature

Date

**For Dolphin Representative Use Only:**

Credit Card

Check

Cash

Amount:

Check #:

Date:

Received By:

Credit Card Type:

Number:

Expiration:

Type	Rate	Discription	Qty
Family	\$ 500	2 Parents, up to 3 children, and up to 4 Grandparents	
Additional	\$ 25	Add for each additional child, over 3, on a family membership	
Individual	\$ 275	Single Adult	
Student	\$ 175	Single Student under 18 years of age	

Payments may be mailed to: The Dolphin Club, PO Box 980, Troy, Ohio 45373