

Willow Springs Country Club Swimming Pool Membership Application

(Check your classification)

Family Single YMCA Corp.

Full Name: _____ Contact Phone: _____

Res. Address: _____ City: _____ State _____ Zip: _____

E-mail Address: _____

List all immediate (household) family qualifying members:

Qualifying children must be 22 yrs. or younger and remain as household dependents.

A widowed single grandparent may qualify under your membership.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required Authorization Agreement for Automatic Debits

I hereby authorize WSCC to draft the credit card or bank account listed below. This includes any food or guest fee charges incurred on my account, including a \$10 food min.(June/July/August). I understand the draft will take place no sooner than the first business day of each month.

Bank Draft (Attach voided check)

Name Listed on Bank Account: _____ Bank Name _____

Routing # _____ Account # _____

-OR-

Credit Card Draft: Name on Credit Card _____ Type _____

Credit Card # _____ Expiration Date: _____

* **Signature:** _____ **Date:** _____