

## Membership Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send my newsletter and special events info via e-mail:  Yes  No

### Membership Category

- |   |      |  |        |
|---|------|--|--------|
| <input type="checkbox"/> Individual     | \$25 | <input type="checkbox"/> Family Plus   | \$100  |
| <input type="checkbox"/> Grandparent    | \$40 | <input type="checkbox"/> Family Deluxe | \$250  |
| <input type="checkbox"/> Family         | \$50 | <input type="checkbox"/> Benefactor    | \$500+ |
| <input type="checkbox"/> Family Au Pair | \$75 |  |        |

\*A minimum of a Family Membership is required to receive the member discount for summer camp programs.

### Payment Information

Total Payment: \_\_\_\_\_  Cash  Check  Charge

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CVC: \_\_\_\_\_ *Summer 2019*