

Azionaqua 2017 Membership Agreement & Payment Form

Children UNDER 2 years old as of June 1st 2017 are free members!

<u>MEMBERSHIP TYPES:</u>	<u>Dues:</u>	<u>Quantity:</u>
• BASIC = Up to 2 adults in a household plus legal dependents	\$375 + initiation fee*	_____
• BASIC + 2 = Basic plus 2 undesignated any-age guest passes	\$475 + initiation fee*	_____
• 2-IN-HOUSEHOLD = Any 2 specified members of 1 household	\$195 + initiation fee*	_____
• ADULT (18+)	\$145 + initiation fee *	_____
• STUDENT (18+) OR SENIOR (60+)	\$100 (no initiation fee)	_____
• SENIOR (60+) + 2 = Senior plus 2 undesignated any-age guest passes	\$200 (no initiation fee)	_____
• LIFETIME Membership = one upfront payment; any membership type	\$9,500 (no initiation fee)	_____
2-YEAR (any type) = upfront dues payment & initiation fee*	10% discount	\$(_____)
3-YEAR (any type) = upfront dues payment & initiation fee*	15% discount	\$(_____)
MILITARY Discount	10% discount	\$(_____)
*\$199 Initiation fee for new members.		SECTION SUBTOTAL: \$ _____

<u>MEMBERSHIP ADD-ONS:</u>	<u>Amount:</u>	<u>Quantity:</u>
• Lap Swim Pass	\$70	_____
• Child daily guest pass (age 2 to under 18)	\$5 each	_____
• Adult daily guest pass (18+)	\$10 each	_____
• Book of 10 child daily guest passes (age 2 to under 18)	\$45	_____
• Book of 10 adult daily guest passes (18+)	\$90	_____
NOTE: Guests must be accompanied by member.	SECTION SUBTOTAL: \$ _____	

Checks payable to Azionaqua; P.O. Box 154, Zionsville, IN 46077

Applications and credit cards accepted online: azonaqua.com

TOTAL DUE:	\$ _____
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<u>NEW MEMBER PROMOTIONS:</u>	<u>CHECK ONE:</u>
<ul style="list-style-type: none"> • NEW members may choose one of the following: <ul style="list-style-type: none"> • Free lap swim pass _____ • Free upgrade to a Plus 2 for 2017 _____ • Book of 10 any-age daily guest passes _____ • TRIAL Membership (MUST apply in person at AZ) = pay dues only in 2017; initiation fee* due upon 2018 renewal; other New Member Promotions do not apply 	CIRCLE: Y / N

Adult(s) to be Named in Membership:
 Name: _____ Phone: _____ Name: _____ Phone: _____

All other members ages 2+ in the household – for Plus 2 Memberships, leave “Guests” unnamed:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Household Address: _____ **City/State/Zip:** _____

Receive E-NEWSLETTER: Email: _____ Email: _____

PHOTOGRAPHY CONSENT: Permission for members listed to be photographed at AZ for print/online advertising purposes.

Applicant's Signature: _____ **Date:** _____

MEMBERSHIP AGREEMENT: I understand the following: annual membership expires May 1st of the year following the date of acceptance; membership is restricted; use of facilities are exclusively for members in good standing and their paid guests; the Board of Directors reserves the right to refuse applications; all memberships are non-transferable. If the pool is required to close during season for an extended amount of time, the Board/Management will attempt to establish reciprocity at another facility for the duration of the closure.

Applicant's Signature: _____ **Date:** _____