

Windermere Inc.
MEMBERSHIP APPLICATION/RENEWAL

Family: \$550 year / \$48 mo. **Couple:** \$450 year / \$40 mo. **Single:** \$370 year / \$33 mo.
\$500 Joining Assessment*

*can be paid in full or split over two years at \$250 per year (see *** below)

Name: _____
(Last) (First) (M)

Address: _____

Primary Phone: _____ **Alternate Phone:** _____

Email: _____ **Birthdate:** ____ / ____ / ____ **Age:** _____

Emergency Contact: _____ **Phone:** _____

Name of 2nd Adult: _____

Alternate Phone: _____

Email address: _____

Dependent Children:

Name: _____	Birthdate: ____ / ____ / ____	Age: _____	Grade: _____
Name: _____	Birthdate: ____ / ____ / ____	Age: _____	Grade: _____
Name: _____	Birthdate: ____ / ____ / ____	Age: _____	Grade: _____
Name: _____	Birthdate: ____ / ____ / ____	Age: _____	Grade: _____
Name: _____	Birthdate: ____ / ____ / ____	Age: _____	Grade: _____

** I understand that Membership does not take effect until payment is received or payment information is set up with Windermere Pool. I also understand that it is my responsibility to notify Windermere Pool of my intent to cancel my membership in writing in accordance with the cancellation policy. No membership dues will be refunded when facilities are not used.

*** I understand that if I cancel my membership after the first year and have opted for paying the Joining Assessment over the two year period, that I am responsible for paying the remaining balance to Windermere Pool upon cancellation.

Member's Signature: _____ **Date:** _____

For office use only:
 Membership Type: _____ Date & Time of Transaction: _____
 Entered by: _____ Verified by: _____
 _____ Payment received in Full OR _____ Direct Draft Authorization Complete
 _____ Email sent

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1. Member Information:

Member Name (Please print): _____
2nd Adult (if applicable): _____
Address/City/State/Zip: _____
Email: _____ Phone: _____

2. Payment Account Holder Information:

Name as it appears on card/account (Please print): _____
Phone: _____ Billing Zip Code: _____

3. Payment Information:

I hereby authorize Windermere Inc. of South Charleston, WV to make the following pre-authorized debit transactions against my:

_____ Checking Account

Bank Routing #: _____ Account #: _____
ATTACH A VOIDED CHECK/DEPOSIT SLIP FOR VERIFICATION

_____ Savings Account

Bank Routing #: _____ Account #: _____
ATTACH A VOIDED CHECK/DEPOSIT SLIP FOR VERIFICATION

4. Draft Information:

Date drafts are to begin: _____ January 2019 _____ Monthly Draft: \$ _____
Month/Year*

*If started later in the year, past months are due with application and the amounts above will start to be drafted.

5. By signing below, I acknowledge and agree to the following terms and conditions and authorize the monthly draft:

- I understand that it is my responsibility to notify Windermere Inc. of my intent to cancel my direct draft in writing. I understand that I am still obligated to pay the balance of my dues in full upon such request.
- If the payment date falls on a date that the bank does not process payments, the payment will be deducted on the next day the bank processes payments.
- If the specified account does not have sufficient available funds on deposit on the day Windermere Inc. attempts to deduct payment, a \$25 service fee will be assessed against my account.

Account Holder Signature: _____ **Date:** _____

For office use only:

Membership Type: _____ Date & Time of Transaction: _____
Entered by: _____ Verified by: _____