ajcc Summer Park Membership

Online registration is preferred.
augustajcc.org

TODAY'S DATE: _____

NAME: _____
FIRST NAME LAST NAME

SPOUSE/PARTNER'S NAME: _____
FIRST NAME LAST NAME

ADDRESS: _____

_____
CITY STATE ZIP

DAYTIME PHONE: _____ CELL PHONE: _____

EMAIL: _____

CHILD #1: _____
FIRST NAME LAST NAME BIRTH DATE

CHILD #2: _____
FIRST NAME LAST NAME BIRTH DATE

CHILD #3: _____
FIRST NAME LAST NAME BIRTH DATE

CHILD #4: _____
FIRST NAME LAST NAME BIRTH DATE

CHILD #5: _____
FIRST NAME LAST NAME BIRTH DATE

SELECT ONE:
- ☐ SUMMER PARK MEMBER $395
- ☐ ACTIVE MILITARY DISCOUNT $295

PAYMENT TYPE:
- ☐ CASH — _____ AMT. REC'D. _____ AJCC INITIALS
- ☐ CHECK — _____ CHECK # _____ AJCC INITIALS
- ☐ MC — _____ CC# EXP. CVV2
- ☐ VISA — _____ CC# EXP. CVV2
- ☐ AMEX — _____ CC# EXP. CVV2
- ☐ DISCOVER — _____ CC# EXP. CVV2

MEMBERSHIP WRISTBANDS GIVEN: ☐ YES ☐ NO

MEMBERSHIP WRISTBANDS PICKED UP: ☐ YES ☐ NO