

Seasonal Membership application

Membership type (Circle appropriate membership) Single (\$500) Couple (\$800.00)

Add children (Number) _____ (\$250.00 per child)

Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Children's name _____ Birth Date _____

Children's name _____ Birth Date _____

Children's name _____ Birth Date _____

Children's name _____ Birth Date _____

Home Address _____

Home Phone _____ Alt Phone _____ Email _____

Payment type (please circle)

Cash Credit Card Check Payments (requires a \$10.00/fee) _____

Member Understands:

- By signing below, you are agreeing to any terms and fees for your membership category and promise to pay all fees and related costs by the agreed due date
- By signing below you are agreeing to pay a 1.5% interest fee on all fees not paid by the due date
- By signing below you are agreeing to financial responsibility of yourself and your family and any guests you bring to the Fox Run

Member Signature _____ Date _____

Member Signature _____ Date _____

Manager Signature _____ Date _____