



# Membership Application

## 1. MEMBERSHIP PRICES & PACKAGES (Please select) (Prices include Sales Tax)

Type:	Monthly	Type:	Monthly
<input type="checkbox"/> Youth (4-10) No light No Gym	Afl. 40.00	<input type="checkbox"/> Family (1 adults, 1 youth)	Afl. 195.00
<input type="checkbox"/> Youth (11-17) No light No Gym	Afl. 50.00	<input type="checkbox"/> Family (1 adults, 2 youth)	Afl. 225.00
<input type="checkbox"/> Student (16-19)	Afl. 100.00	<input type="checkbox"/> Family (1 adults, 3 youth)	Afl. 250.00
<input type="checkbox"/> Adults	Afl. 150.00	<input type="checkbox"/> Family (1 adults, 4 youth)	Afl. 275.00
<input type="checkbox"/> Couple	Afl. 195.00	<input type="checkbox"/> Family (2 adults, 1 youth)	Afl. 225.00
<input type="checkbox"/> Senior (60+)	Afl. 100.00	<input type="checkbox"/> Family (2 adults, 2 youth)	Afl. 250.00
<input type="checkbox"/> Senior Couple (60+)	Afl. 150.00	<input type="checkbox"/> Family (2 adults, 3 youth)	Afl. 275.00
		<input type="checkbox"/> Family (2 adults, 4 youth)	Afl. 300.00

## 2. RESPONSIBLE PARTY (must be 18 years of age or older)

Full Name:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Profesion:	<input type="text"/>
Telephone:	<input type="text"/>	Cellular:	<input type="text"/>
		Company:	<input type="text"/>

## 3. RESPONSIBLE PARTY (must be 18 years of age or older)

Full Name:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Profesion:	<input type="text"/>
Telephone:	<input type="text"/>	Cellular:	<input type="text"/>
		Company:	<input type="text"/>

## 4. CHILDREN'S INFORMATION

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	Gender:	<input type="text"/> F <input type="text"/> M
• Medical History:	<input type="text"/>				
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	Gender:	<input type="text"/> F <input type="text"/> M
• Medical History:	<input type="text"/>				
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	Gender:	<input type="text"/> F <input type="text"/> M
• Medical History:	<input type="text"/>				
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/> MM <input type="text"/> DD <input type="text"/> YY	Gender:	<input type="text"/> F <input type="text"/> M
• Medical History:	<input type="text"/>				

## 5. MEMBERSHIP DUES

- Each member is responsible for payment of any and all charges incurred at/or with respect to the club or its concessionaries.
- Monthly membership dues are payable in advance and must be cancelled by either Standing order or Credit Card on file.
- The club has the option to charge interest on past due accounts.
- Continued account delinquency beyond ninety (90) days will result in cancellation of membership, and send to the collection agency.
- Cancellation of membership must be done in writing and 2 months in advance, an No refund of any kind will be made.

By joining the Aruba Racquet Club you agree to familiarize yourself with the Rules & Regulations

DATE:  MM  DD  YY

SIGNATURE:

6. How did you hear about us?  Walked by  Word of mouth  Website  Facebook  Tripadvisor  Instagram  
 Advertisement (Specify)  Other (Specify)