



300 CLUB MEMBERSHIP APPLICATION

I hereby apply for membership in the 300 Club, Inc. I understand that the equity fee for membership is \$318.00 (\$300 + 18.00), and that this amount is non-refundable. This fee can be paid in its entirety at the time of joining, or over three years in 3 yearly installments of \$127.20 (\$120 + 7.20 tax), \$116.60 (\$110 + 6.60 tax), and \$106.00 (\$100 + 6.00 tax). Membership in the 300 Club must be approved and accepted by the 300 Club Board of Directors.

The following types of Equity memberships are available and the quarterly breakdown of dues will be pro-rated at time of joining. Billing will continue until resignations are received in writing. The Club is now offering a monthly payment plan if the member is signed up for an automatic debit. Please see the Club Manager for the paperwork for this program. Please give adequate notice when resigning. There is also a non-equity, special 3 month membership available for \$397.50 (\$375+ 22.50 tax). This three consecutive month membership may only be applied for once a year and full payment is due upon receipt of application.

A family membership as defined by the 300 Club includes two co-resident adults and their dependents (26 years of age or younger).

<u>Memberships</u>	<u>Quarterly dues (including tax)</u>	<u>Monthly dues if using ACH</u>
Family	\$293.83	\$97.94
Single	\$251.66	\$83.89
Equity Payments (including tax)		
	\$318.00	
	\$127.20 and then two more annual payments (\$116.60 & \$106.00)	

<i>SPECIAL 3 MONTH MEMBERSHIP</i>	<u>Before 6/1/12</u>	<u>After 5/31/12</u>
Special 3 month non equity*	\$397.50	\$424.00
*Specify 3 month period _____		



Please complete the information on the back of this sheet.

FULL NAME: _____

WAIVER OF LIABILITY: I hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the 300 Club and all other co-sponsors and their agents for any injuries that I may suffer in connection with my participation at the 300 Club.

Date: _____ Signature of Applicant _____

Thank you for your membership application.

3715 Northwest Twelfth Avenue Gainesville, Florida 32605-4816
 (352) 378-2898 Fax: (352) 226-8600 E-mail: The300Club@cfcoxmail.com
 Website: 300ClubSwimAndTennis.org

MEMBERSHIP INFORMATION

I hereby submit the following information:

FULL NAME: _____

RESIDENCE ADDRESS: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____ Occupation: _____

If retired, occupation before retirement: _____

Place of employment: _____

NAME OF SPOUSE: _____

Cell Phone: _____ Business Phone: _____

Email: _____ Occupation: _____

If retired, occupation before retirement: _____

Place of employment: _____

EMERGENCY CONTACT: _____ Phone: _____

A family membership as defined by the 300 Club includes two co-resident adults and their dependents (26 years of age or younger).

If applying for family membership or special 3-month family membership, please provide NAME(s), age(s) and date of birth of dependent children.

_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

How long have you lived in Gainesville? _____

Who introduced you to the 300 Club? _____

How did you hear about the 300 Club? _____

We like to reward our members and staff for bringing in new equity members. Please indicate below if there is one person responsible for your joining. Please select only one:

_____ Member (please give members name) _____

_____ Meegan Wilson (Aquatic Director) _____ Ken Ouellette (Tennis Director) _____ Pam Bourg (Club Manager)

_____ Other staff—life guards, pro shop attendants, assistant tennis pros (please give name) _____

Indicate the area you will utilize the most: _____ Swim _____ Tennis _____ Workout facilities