



**2016 Membership Registration Form (Non-Resident)**  
**Please write checks out to OLD TRAIL SWIM CLUB, LLC**

**Membership Type (check one):**    Family (\$875)     2-Person (\$550)     Individual (\$415)

**Primary Member**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Members:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_

If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_

If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_

If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_

If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_

If under 18, please give age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Over 18? : \_\_\_\_\_

If under 18, please give age: \_\_\_\_\_