

SWIM MEMBERSHIP
2017 SWIM MEMBERSHIP RATES
Memorial Day through Labor Day

Pool Hours
Monday – Sunday 11am – 7 pm

Type of Membership	Rate	With Tax
Individual	\$300.00	\$320.25
Family of Two	\$550.00	\$587.13
Family of Three	\$650.00	\$693.88
Family of Four or More	\$750.00	\$800.63

Conditions of Membership:

1. No one over the age of 22 can be included in a family membership.
2. No married children can be included in a family membership.
3. No charge for children who are still two years of age or younger on June 1st of the current year.
4. Guest may only use the facility five times per season. That excludes social activities. Guest fees will be \$10.00 per day.
5. No one under the age of 18 may join without a parent or legal guardian.
6. Children 16 or under must be accompanied by an adult or parent.
7. No food or beverages may be brought into the club. The snack bar will be open during all hours of operation. There is a 20% service charge and tax on all food and beverage. There is no minimum charge spending stipulation.
8. Snack Bar items will be put on your club account. You must see the attendant when leaving to sign your food and beverage check.
9. Locker facilities are available in the pool area locker rooms.
10. Management reserves the right to close the club in cases of inclement weather.
11. Receipt of application will be taken as consent to above-mentioned conditions.

Swimming Privileges are available to the following

- *All classes of memberships
- *A family member's spouse
- *A family member's children who have not reached their 22nd birthday

All members are required to register themselves and their guest upon entering the pool area. You must have a photo ID. No guests are permitted in the pool enclosure with out proper registration; this includes the member's children who have attained the age of 22. All Charges incident to the use of the pool, including food and beverage, Shall be charged to the member's account with a photo ID present so that we can ensure you that it gets posted to the proper account. Please sign your invoice of your purchases from the snack bar before leaving the facility. Only food and beverages purchased from the club shall be consumed on club property. No food and beverages may be brought into the club, absolutely no parking in the Glen Eagle's parking lot. Cars will be towed if this is not enforced!

OHIO PRESTWICK COUNTRY CLUB
2017 POOL MEMBERSHIP APPLICATION FORM

3751 GLEN EAGLES BLVD
UNIONTOWN, OH 44685

(330) 492-4180 (330) 699-3991 (330) 699-0712

2017 POOL MEMBERSHIP (Memorial Day - Labor Day)

MEMBERSHIP TYPE: (Please check one)

Individual ___ Family of Two ___ Family of Three ___ Family of Four or more ___

Applicants Name: _____

Spouses Name: _____

Birthday: _____ **Spouse Birthday** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email _____

Home Phone: _____ **Business Phone:** _____

Name of Business: _____

Position: _____ **How Long:** _____

City: _____ **State:** _____ **Zip:** _____

Names of children 22 years of age and under residing in applicants household:

1. _____ **Birthday:** _____

2. _____ **Birthday:** _____

3. _____ **Birthday:** _____

4. _____ **Birthday:** _____

I Herby make application for Pool Membership to Ohio Prestwick Country Club and agree, if accepted, to comply with the Rules and Regulations of the Club.

Applicants Signature: _____ **Date:** _____

Membership Acceptance: _____ **Date:** _____

Effective Date: _____ **Expiration Date:** _____

A COPY OF YOUR DRIVERS LICENSE IS REQUIRED TO PROCESS THIS APPLICATION

THIS RECURRING CREDIT CARD INFORMATION WILL BE IN A SECURE FILE. YOU WILL STILL RECEIVE A STATEMENT TO REVIEW AND IF YOU HAVE ANY QUESTIONS YOU NEED TO CALL BEFORE THE 15TH OF THE MONTH. CREDIT CARDS WILL BE PROCESSED AROUND THE 20TH OF THE MONTH.

RECURRING BILLING CONTRACT:

I authorize Ohio Prestwick Country Club to keep my signature and to charge my Credit Card Account or Bank Account on an ongoing basis for amounts I owe.

I understand that this authorization is valid unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my credit card account information.

Cardholder Name: _____

Cardholder Address: _____

City: _____

State: _____ Zip: _____

Account Number: _____

3-Digit Security Code _____

Expiration Date: _____

Cardholder Signature: _____

Date: _____

PAYMENT MUST BE RECEIVED BY THE 15TH OR CREDIT CARD WILL BE PROCESSED