



# Membership Application

No of Rooms (if applicable): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

\_\_\_\_\_

Name of Manager: \_\_\_\_\_

Annual Membership Fee:                      \$865.00 + \$43.25                      TOTAL: 908.25

Monthly Option:                                  \$75.69/month

CREDIT CARD #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_ SC: \_\_\_\_\_

Dated and signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature