



## 2020 MEMBERSHIP APPLICATION

PLEASE CHECK ONE:

SEASON PASS  COUPLES SEASON PASS  JR. MEMBERSHIP  VIP PASS

Name: \_\_\_\_\_

Member Card #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Membership Acknowledgment:

Credit Card Number: \_\_\_\_\_

Credit Card:  VISA  MC  AMEX  DISCOVER

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Date Card Received: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Issued By: \_\_\_\_\_