

COOL DELL SWIM & TENNIS CLUB 2017 MEMBERSHIP APPLICATION

Last Name: _____ First: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/cell Phone: _____

Names Of Single Children Living At The Address Above Under The Age Of Twenty-Three (23):

Name: _____ Birth Date __/__/__ Name: _____ Birth Date __/__/__

Name _____ Birth Date __/__/__ Name _____ Birth Date __/__/__

Name _____ Birth Date __/__/__ Name _____ Birth Date __/__/__

e-mail address* _____

*must provide to receive weekly updates & notices

Referred By (If Applicable): _____

Payment Options: Family Membership: \$375 (NEW & A*) \$475 (B members)

*A members own a share of stock in Cool Dell

_____ Payment for 2017 Season Family Membership is comped.

Check #: _____

Again in 2017: Pay by CREDIT CARD.

Just visit www.cooldell.com.

Return this form to:

Cool Dell Swim & Tennis Club

C/O: Dan Kraus

627 Amberwood Lane

Ballwin, MO 63021

Your cashed check is your verification of membership. We will send a letter with membership & event information. If you have any questions please e-mail us at president@cooldell.com. We look forward to you joining us in 2017!