



Membership Information Form

Name:	
Address:	
City/State/Zip:	Phone:
Email Address ₁ :	CHRC Member Since:

¹Please help us reduce expenses and improve spreading CHRC news and event information by providing your email address. This information will be used to conduct CHRC business only, i.e., it will not be sold to marketing services.

Yourself/Spouse/Children/Dependents Living in your Household:

Name	Date of Birth	Name	Date of Birth	Name	Date of Birth
1.		5.		9.	
2.		6.		10.	
		7.		11.	
		8.		12.	

Grandchildren you will bring to the pool:

Name	Date of Birth	Name	Date of Birth	Name	Date of Birth
1.		2.		3.	
4.		5.		6.	
7.		8.		9.	

Membership Rates

"Full" Memberships ²	Full Payment Due May 15th
Single Adult	\$310
2 Adult Family	\$360
Family with dependent	\$430
<i>(note: ALL FEES include TAX)</i>	

"Summer" Memberships	Full Payment Due May 15th
Single Adult	\$430
2 Adult Family	\$485
Family with dependent Children	\$565



CHRC EMERGENCY MEDICAL INFORMATION

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Preferred Hospital: _____ Alternate Contact # _____

Child	Allergies/Other	Date of Last Tetanus

In my absence, CHRC staff is authorized to obtain emergency medical care for my child.

Parent or Guardian Signature

Date

Please mail updated form and payment to:

Cardinal Hill Recreation Club
PO Box 340101

Beavercreek, OH 45434

plus the

(Make check payable to Cardinal Hill Recreation Club)

²"Full" Membership requires a \$300 Initiation Fee. It can be paid \$100 per year over a three-year period. Full membership benefits include: lower membership rates, discounted clubhouse and pool rentals, policy voting privileges,

opportunity to serve on the board.