

The Cape Club

2018 POOL MEMBERSHIP APPLICATION

Applicant Information (Please Print)

Mr. Mrs. Ms. Dr.

Full Name _____

Mailing Address _____

City _____ State _____

Zip _____ Home Phone _____

Alternate Phone _____

E-mail _____

Family Members

Spouse _____

Children (ages 3-16 DOB needed)(Additional adults DOB not needed)

1. First Name _____

a. Date of Birth ____/____/____

2. First Name _____

b. Date of Birth ____/____/____

3. First Name _____

c. Date of Birth ____/____/____

4. First Name _____

d. Date of Birth ____/____/____

Membership Categories (Check One)

- 3- Day Package
- 7-Day Package
- Full season (Memorial Day Weekend - Labor Day Weekend)

Applicant's Signature _____

Date _____

Spouse's Signature _____

Date _____

The Cape Club Management

Received by: _____

Date _____

Accepted/ Declined on this _____ day of _____.