

BELAIR BATH & TENNIS CLUB

**P.O. Box 486
Bowie, MD 20718
www.bbtbowie.org**

Thank you for your interest in joining Belair Bath & Tennis. Enclosed is an application for membership to our pool. Please fill it out and return it to us at the above address. In addition the family questionnaire will need to be filled out as well. Upon receipt of your Application, and Family Questionnaire you will be contacted shortly.

The membership bond is \$515 and the dues for the 2010 season is \$460.00. Payment method is either check or credit card (Visa/MasterCard). We also have a payment plan available. The bond is a one time payment that is refunded to you (less a \$25 transfer fee) when your membership sells.

At this time, included with your membership are swimming lessons for kids, tennis lessons for kids and adults and water aerobics for adults. We also have kid's parties, family parties and adult socials throughout the summer.

A copy of the bylaws and pool rules are available to view on our website. Please print out a copy and review. Once you are a member a permanent membership number will be assigned to your family.

If you have any questions, or would like to check on the status of your application, please contact our Bookkeeper, Sarah Linehan 301-805-5875.

BELAIR BATH & TENNIS CLUB
P.O. Box 486
Bowie, MD 20718
www.bbtbowie.org

APPLICATION FOR MEMBERSHIP

LAST NAME: _____

EMAIL _____

ADDRESS: _____

PHONE: _____

I, _____, hereby make application for membership in the Belair Bath & Tennis Club, Inc. As of January 2010, the membership bond fee is \$515.00 and the yearly maintenance fee is \$460.00. It is my understanding that when I am notified of an opening I will pay the full membership bond fee within seven days, unless I have made arrangements to pay the membership bond fee in installments. I will also pay the annual maintenance fee prior to the pool opening, unless I have made arrangements to pay by installments. I will be responsible for the members of my household in the upholding of rules and regulations of the Club, set by the Board of Directors.

Signature _____

Date of Application _____

Members of our household include: (Pictures of all family members is required, please send in copies)

Parent (1): _____ Date of Birth _____

Parent (2): _____ Date of Birth _____

Children: (Living in Household)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Others Family Members: (Legally residing in your household) Date of Birth/Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

BELAIR BATH & TENNIS CLUB
P.O. Box 486
Bowie, MD 20718

PAYMENT PLAN AGREEMENT
Early Bird Special for Open House Sign-Up

Membership Price		Installment plan Option
Membership Fee (Bond)	\$515.00	\$316.66 Due March 1, 2010
Membership Dues	\$460.00	\$316.66 Due April 1, 2010
Less Discount (Early Special)	<u>-\$25.00</u>	\$316.68 Due May 1, 2010
TOTAL	\$950.00	

Make Checks Payable to:
Belair Bath & Tennis
PO BOX 486
Bowie, MD 20718

Payment Type: Check or Credit Card – Visa/Mastercard

VISA/MASTERCARD: _____

EXPIRATION: MONTH _____ YEAR _____

ZIP CODE _____

NAME AS APPEARS ON CARD: _____

A 3% Fee is added to all Credit Card Transactions.

I hereby agree to make the above payments for my membership fee (bond) and 2010 membership dues to Belair Bath & Tennis. I understand that I will **not** receive a monthly invoice and that there is a \$30.00 late fee if all fees are not paid in full by May 15, 2010. I further understand that if I am more than thirty days (30) late with any payment, my membership may be terminated and sold.

NAME _____

Phone # _____

Date: _____

There is a \$30.00 bank charge for all returned checks

Fill Out Family Questionnaire

Family Questionnaire

General Information		
Email Address:	Member ID:	
Wife Name:	DOB:	
Husband Name:	DOB:	
Home Address:		
City:	State:	ZIP:
Children or Family members permanetely residing at address		
Name	Birth Date	Relationship
Renting: IF YOU ARE A RENTING TO ANOTHER FAMILY AND HAVE AUTHORIZED THAT FAMILY YOU USE YOUR MEMBERSHIP, PLEASE PROVIDE NAMES, PHONE NUMBER AND BOWIE ADDRESS.		
Name	Address	Phone
Emergency information		
Home Phone (above)	Mobile (above)	Work (above)
If no one can be reached, please call:		
Doctor's name and phone number:		
Specialized Information: (bee stings, allergies, etc...)		
Special Note: In the event of an emergency, the Manager will attempt to reach either parent or designated person. If none are available, the Manager will contact the Bowie Rescue Squad. The club cannot authorize any treatment beyond emergency first aid for your children. If you desire further treatment, a letter so stating, notarized, should be brought or mailed to the Club.		
Signature		
Signature :	Date :	