

**WESTERN HILLS ATHLETIC CLUB, INC.
APPLICATION FOR MEMBERSHIP**

Member Name:	
Home Address:	
Email Address:	Home Phone:
Cell (Hers):	Cell (His):

Resident Member Names

Name:		Birth Year:	
Name:		Birth Year:	
Name:		Birth Year:	
Name:		Birth Year:	
Name:		Birth Year:	
Name:		Birth Year:	

Transfer Membership From:		Amount Paid:	
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Transfer Fee (Tax Incl.):	\$1353.13	Check #:	
Annual Dues (If Owed):		Name on Card:	
Total Due:		Exp. Date:	

Card Number:

Buyer accepts the Membership into the Western Hills Athletic Club, Inc., and agrees to perform all obligations of said membership, according to the By-Laws, rules, regulations and policies now in effect or hereafter established by the Western Hills Athletic Club, Inc. Furthermore, I/we certify that the above-listed address is within the boundaries of the Eanes ISD and is also the primary address of all the persons listed above.

Dated: _____, 20____

BUYER

BUYER