

**2025 Membership Information (Couple with Children)**

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Couple with Children - Walking

Couple with Children - With Cart

Membership Dues: \$ \_\_\_\_\_  
+

Membership Dues: \$ \_\_\_\_\_  
+

Tax (5.5%): \$ \_\_\_\_\_

Tax (5.5%): \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Cash

Check

Credit Card  
(Add 3% processing fee)

Date Paid: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

