



MAPLEWOOD MEMBERSHIP APPLICATION

Date _____

Name of Applicant _____

Address: _____
(Street)

_____ (Town/City) _____ (State) _____ (Zip Code)

Telephone Number _____

Email address _____

Type of Membership:

- Corporate
 Corporate / Association Sponsored

Name of company or association _____ Amount Paid _____

INDIVIDUAL

Type of Membership:

- | | | |
|--|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Single Midweek | <input type="checkbox"/> Single Limited |
| <input type="checkbox"/> Couple | <input type="checkbox"/> Couple Midweek | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Family Midweek | |
| <input type="checkbox"/> Senior Single | <input type="checkbox"/> Senior Single Midweek | |
| <input type="checkbox"/> Senior Couple | <input type="checkbox"/> Senior Couple Midweek | |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Junior Midweek | |

Name: _____ Amount Paid _____