



Returning Member Application

Name _____
 Spouse Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Primary Email _____
 Secondary Email _____
 Primary Phone Number _____
 Secondary Phone Number _____

Please list your dependents:

NAME	DOB	CIRCLE ONE
		Male / Female
		Male / Female
		Male / Female
		Male / Female
		Male / Female
		Male / Female
		Male / Female

Type of Membership (Select One):

- Single** - \$300 One individual, age 18 or older.
- Double** - \$375 Two people in the same household, at least one of whom is age 18+.
- Family** - \$475 All members living in the same household, at least one of whom is age 18+.

Optional Add-ons:

- Babysitter** - \$100 Babysitter Name _____
- Wireless Internet** - \$25 Members will receive a new access code each year. 5 device limit.

*Payments must be made in full in order to allow entry to the facility.

*Checks made payable to **Penn Valley**.

*Payments and forms can be mailed to: PO Box 35, Renfrew, PA 16053