



CAMBRIDGE MASTERS SWIM CLUB

**I authorize Cambridge Masters Swim Club to automatically withdraw funds for my membership :**

Name \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Month / Day / Year

\_\_\_\_\_ monthly at \$75

\_\_\_\_\_ every 4 months at \$250

\_\_\_\_\_ yearly at \$700

\_\_\_\_\_ other \_\_\_\_\_ at \$ \_\_\_\_\_

**Please withdraw funds from the following credit/debit card:**

Choose one: VISA Credit VISA Debit MASTERCARD Credit MASTERCARD Debit

Card # \_\_\_\_\_ expiration date \_\_\_\_/\_\_\_\_ Card Security Code \_\_\_\_ \_

3 digit code located on back of card

Address associated with card:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only:

Received \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_