



Please complete form and return to:
 Anne Springs Close Greenway
 Attention: Member Services
 P.O. Box 1209, Fort Mill, SC 29716
 Or Email to: ericroof@ascgreenway.org

FOR OFFICE USE ONLY: Name:

Membership Application

Complex_____ Greenway_____ Scholarship_____ Dog Park_____ Membership Type_____ Group Code_____

 Last Name First Name DOB

 Address

 City State Zip

 Home Phone Cell Phone

 Email Address

Additional Members Living in the Household:

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

 Name Gender Relationship DOB

Waiver (Signature Required)

I hereby release Leroy Springs & Co. Inc., (LSC) its directors, officers, employees, agents, or volunteers, from all liability related to loss or damage to personal property or bodily injury, while traveling to/from sponsored events, or while on properties owned by LSC. I/We certify that I /We are covered by an insurance program, which will compensate for injuries incurred while participating in LSC activities. Upon acceptance, I agree to pay dues and abide by all rules and regulations established by LSC. I understand this agreement is to remain in effect until cancelled by either party. Leroy Springs & Company reserves the right to deny or cancel membership participation.

A written notice is required upon cancellation of membership.

I also grant LSC the right and permission to take and use photographs and or/ sound image/recordings of me or that of a child whom I am the legal guardian, to use for the promotion of advertising and marketing the activities of LSC. I understand that no monetary payment will be made to me for such uses. I release LSC from all claims, for any cause of action arising out of taking and/or use of photos and/or sound and image recordings.

 Signature (required)

 Date

Member#:

Expired:

Membership Payment Authorization

Leroy Springs & Company, Inc. is pleased to offer you these pre-authorized payment plans for your convenience. If you choose a **MONTHLY** membership, dues will be deducted from your bank account or debit card or charged to a credit card. If you choose a **QUARTERLY** membership, your dues will be printed and sent to you in statement form (see schedule below). This plan allows us to better service your account.

Please complete either the Monthly or Quarterly membership information in the following sections:

MONTHLY BANK DRAFTS:

In order for your request to be processed, you must:

- Complete all items on this form
- Submit a **VOIDED** check from your bank checking or savings account. (*Note: It may be necessary to verify with your bank that your account can be automatically drafted*).

Day account will be drafted: 1st_____ 15th_____ Amount \$ _____

Financial Institution Name

ABA Transit Routing Number (9 digits)

Account Number

I authorize Leroy Springs & Company, Inc. (LSC) to initiate electronic debit entries and to initiate, if necessary, credit entries and adjustments for any debit errors to my checking account or savings account indicated above. I authorize the financial institution named above to debit and/or credit these entries from my account. These payments will be debited each month on the 1st or 15th as indicated above.

This authorization is to remain in effect until I notify LSC in writing of its termination. To cancel this automatic debit, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled automatic draft. LSC may terminate this payment plan upon notice of two (2) in-sufficient funds transactions. There is a \$30 return service fee for all insufficient bank drafts. Memberships will be immediately terminated if the bank draft account has been closed or a stop payment order is issued by the customer. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount debited from my account. LSC shall not be liable for losses caused by the financial institution's failure to act in accordance to this request.

Customer Signature (required)

Date

Account Holder Signature (if different from customer)

Date

INSTALLMENT BILLING:

_____ Installment bill sent to you on the 10th of the following months: March, June, September, and December.

MONTHLY AUTOMATIC CREDIT/DEBIT CARD PAYMENTS:

Day account will be charged: 1st_____ 15th_____ Amount \$ _____

Credit Card to be Charged (check one): () Visa () MasterCard () Discover () Amex

Date of First Credit Card Draft: _____

Credit Card Number

Expiration Date (mm/yy)

Name on Credit Card

\$ _____
Dues Amount

I authorize Leroy Springs & Company, Inc. (LSC) to initiate charges to my credit card account. I authorize the credit card company named to accept these charges to my credit card account. The quarterly membership payment schedule is listed above. This authorization is to remain in effect for the duration of your membership. To cancel this automatic payment, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled payment. LSC will terminate this payment plan upon notice of two (2) declined transactions. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount charged to my account. LSC shall not be liable for losses caused by the credit card company's failure to act in accordance to this request.

Customer Signature (required)

Date

Thank you for your membership to the Anne Springs Close Greenway!