



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

FOR OFFICE USE ONLY: Name:

Membership Application

Greenway Membership Type (circle): Family Annual \$120 Family Monthly \$10 Individual Annual \$60 Individual Monthly \$5

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, Inc. 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

Annual basic Greenway membership is \$120 for your household family or \$60 for an individual.

The Anne Springs Close Greenway is also pleased to offer you optional monthly pre-authorized payment plans for your convenience. Our basic family Greenway membership is \$10/month. Individual membership is \$5/month.

To upgrade your membership to include access to the Mary Warner Mack Dog Park (additional \$10.00/month or an additional \$120.00 annually), please visit Guest Services located at 2370 Lake Haigler Drive or call 803.547.4575 for more information. Information can also be found on our website, www.ASCGreenway.org.

To draft your membership fees monthly, please choose either the monthly/annual credit/debit card draft option OR ACH draft option below.

Automatic Credit/Debit Card Draft Payment Option

Recurring Draft Payment Frequency (required): () Monthly () Annually

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

First payment will begin today and draft payments will repeat monthly/annually (depending on payment frequency indicated above) on the same day of each month/year going forward.

Credit Card Number

Expiration Date (mm/yy)

CVV Number

Name on Credit Card

\$ _____
Dues Amount

I authorize Leroy Springs & Co., 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. 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

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Monthly ACH Bank Draft Payment Option

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 & Co., 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) insufficient 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