

**Great Bridge Swim and Racquet Club, Inc.**

**Promotional Membership Application**

Post Office Box 15371, Chesapeake, VA 23328

www.gbsrc.org 757-482-4494

Applicant's Name (last, first, middle):	Applicant's Telephone Number(s):
Spouse's Name (last, first, middle):	Home: <span style="float:right">Work:</span>
Street Address:	Cell: <span style="float:right">Other:</span>
City, State and Zip:	Child's Name & Birthday (Please Include Month, Day AND YEAR)
Applicant's Primary E-mail Address:	Child's Name & Birthday (Please Include Month, Day AND YEAR)
Referred by Active Club Member:	Child's Name & Birthday (Please Include Month, Day AND YEAR)

Promotional Member agrees to pay \$550.00 to GBSRC effective from the date signed through September 15, 2024. This will be paid as monthly payments of \$ \_\_\_\_\_

\_\_\_\_\_  
Initials

After the promotional membership term is over, the member agrees to a monthly payment of \$60.00 per month beginning on September 15, 2024 to be applied towards the one-time purchase of 4 shares of GBSRC stock as a full member.

\_\_\_\_\_  
Initials

Membership details. Promotional membership is a way for new families to try out Great Bridge Swim and Racquet Club, Inc (GBSRC). This is a one-time use promotion. At the end of the 2024 summer, promotional members will begin the process of transitioning to full voting members.

All GBSRC members own 4 shares of GBSRC stock. This will be purchased using your first 7 monthly payments of \$60.00 beginning on September 15, 2024 and ending on March 15, 2025. After the stock is purchased you will become a member in good standing and your monthly payment will be in accordance with GBSRC annual membership dues which can be broken up into monthly payments. You may cancel your membership at any time by giving 30 days written notice that you no longer wish to be a member of Great Bridge Swim and Racquet Club, Inc.

By signing this form, I acknowledge that I (and the persons named above) will abide the club's Bylaws and Rules. I also agree to hold harmless and indemnify GBSRC and/or its officers, directors and employees from any claim of loss, injury, or damage sustained by any parties, including the reimbursement of reasonable attorney fees should GBSRC, its officers, directors or employees be named as a defendant in any legal action.		
Member	_____	_____
GBSRC Representative	_____	_____
Today's Date	Print Name	Signature

**With this completed membership application, enclose the Recurring Credit Card Authorization Form to Great Bridge Swim and Racquet Club and mail to: GBRSC, PO BOX 15371, Chesapeake, VA 23328**

GBSRC USE ONLY

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Read and accepted by the Great Bridge Swim & Racquet Club Board of Directors

Today's Date

Amount Enclosed

Membership Number

President, GBSRC

**Recurring Credit Card Payment Authorization**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize Great Bridge Swim and Racquet Club, Inc. to charge my credit card indicated below for \$\_\_\_\_\_ today, and charge \$\_\_\_\_\_ on the 15th of each month through August 15, 2024. Starting September 15, 2024, I authorize Great Bridge Swim and Racquet Club, Inc to charge \$60.00 per month.

\_\_\_\_\_  
Initials

**Billing Information**

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Card Details**

Visa     MasterCard     Discover     American Express

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_    CVV \_\_\_\_    Zip Code \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Great Bridge Swim and Racquet Club, Inc. in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_  
(Cardholder's Signature)

DATE \_\_\_\_\_