

The Gateway Heights Club, Inc . . .Member Plus 1 Membership 2019

Directions: You have the option of joining as a “Adult Plus 1” membership. You can pay your 2019 dues all in one check or in two installments. To sign up for your pool membership, complete the information below. To take advantage of the payment plan, sign where indicated and save the Payment #2 coupon to submit with your payment. Make check payable to “The Gateway Heights Club, Inc”. Mail payment and completed form to: **Gateway Heights Swim Club, Attn: Mary Beth Gibbon, P.O. Box 284, Monroeville, PA 15146**
Please note if you choose the payment plan, it is important that the following conditions be understood; no other arrangement or exceptions will be made:

1. Cards will **NOT** be issued until **ALL** dues installments, and volunteer deposit if applicable, are **PAID**.
2. All **payments are non-refundable**, and **NO Partial Year or Pro-Rated Memberships** will be issued for those not finishing the payment schedule.
3. The Initial Installment must be postmarked by 02/28/2019, An Initial installment must be at least 1/2 of the dues owed.
4. You will **NOT** be billed for the 2nd payment. You are responsible for separating/copying the coupon for the second payment below and submitting it by the due date
5. **A \$50.00 Volunteer deposit is required and will be returned to you upon completion of any of the approved activities. Please include a separate \$50 check for the season.**

_____ I would rather pay the invoice in full.
 _____ I am electing to participate in the payment plan and agree to the conditions as stated above.

GHC use only: Postmark Date of Check)
 Check # _____
 115 114 229 50 volunteer deposit

Payment # 1 of \$115 must be postmarked by Feb. 28, 2019. Check payable to “The Gateway Heights Club, Inc.” If paying in full \$229 must be postmarked by 4/15/2019. Mail to: The Gateway Heights Club, Inc. Attn Mary Beth Gibbon, P.O. Box 284, Monroeville, PA 15146. Please print the following information, (required for admission cards):

- Check here if new address**
- Check here and sign below to receive all correspondence electronically.

Family Name _____ Home Phone _____

Address _____

e-mail address _____

• Names of Members _____

Signature _____ Date _____

PAYMENT #2, \$114 if postmarked by Apr. 15, 2019.
Questions Call Mary Beth Gibbon 724-744-0281

Name _____ Home Phone # _____

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