Broomall's Lake Country Club

P.O. Box 36 • Lansdowne, PA 19050

2016 Season Invoice

www.broomallslake.com

Checks Payable To:
BLCC • P.O. Box 36
Lansdowne, PA 19050
610.626.9500 (Helpline)
(See enclosed envelope for payment)
• **Membership Cards will be sent to you by mail;**
AFTER FULL RECEIPT OF PAYMENT IS MADE.

Member #:

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

, PA

Code	Name	DOB	Member Since	Relationship	Age	Rate	Amount

2016 Membership Rates, Discounts, Penalties & New Member Initiation Schedule:

* Discount If Paid: (postmarked)	Before 12/31/15	Between 1/1/16 -1/31/16	After 2/1/16
Family Membership: **Subtract** from Subtotal	$50	$25	$0
Single Membership: **Subtract** from Subtotal	$43	$22	$0

**** Late Processing Fee $50.00 (enforced)**
Penalty **AFTER** April 1, 2016

Family Membership: **Add** to Subtotal:	$50.00
Single Membership: **Add** to Subtotal:	$50.00

2016 Dues		
01	Family Membership	$635.00
02	2nd Family (Spouse)	$0.00
03	Children 3 yrs & over	$85.00
04	Single Membership	$555.00
05	Non-Residents	$10.00
11	Childcare	$105.00

***SENIORS ONLY:** 70 years & older who find it a hardship to pay full dues may pay 1/2 dues for unlimited use of the facilities OR pay Daily Admission Charge. ($20.00). Please mark below:
❑ 1/2 dues
❑ daily admission

Initiation Fee Schedule
BACKGROUND & CHILD ABUSE CLEARANCES
Required for all NEW MEMBERS and CHILDCARE PROVIDERS
See website for additional info.

	1st Yr	2nd Yr	3rd Yr	TOTAL
Paid in Full 1st Year	$1500.	—	—	$1500
2-Year Program	$ 800.	$800.	---	$1600
3-Year Program	$ 800.	$700.	$200.	$1700.

Questions?
Please call our Helpline
610.626.9500 for assistance

OneTimeSabatical/credits/balances _____
2016 DUES SUBTOTAL _____
***Discount or **Late Processing Fee**
see above for explanation: (only applies to dues amount) _____

Guest Passes (add To Total)
10 Punches Per Ticket $80.00

No. of Guest Tickets _____ x 2016 (10 punches each) $80 = Total $$ Tickets _____

Swim Team Fees (add To Total)
Please complete the enclosed form and return with your membership dues. Circle names above.

No. of Swimmers _____ x 2016 (*not to exceed $180 per family*) $60 = **Total Swim Team** _____

❑ CHECK ENCLOSED **PAYMENT METHOD**
❑ VISA ❑ MASTERCARD ❑ DISCOVER ❑ AMEX

Credit Card payments add $15 convenience fee to your total $15.00

Member: Fill in Amount for 2016 _____

CREDIT CARD NUMBER
EXPIRATION DATE SECURITY CODE

MEMBERSHIP CARDS / GUEST PASSES WILL BE MAILED TO MEMBERS RESIDENCE PRIOR TO OPENING ONLY AFTER FULL PAYMENT OF DUES IS RECEIVED.
ALL ABOVE INFO. IS SOLELY FOR CLUB USE ONLY.

SIGN HERE _____
If using credit card please sign here