

CUMBERLAND HILL SWIMMING POOL ASSOCIATION, LLC

c/o J. Crouch
4577 Longbridge Lane
Lexington, KY 40515
859-335-7283

Charter Partner Membership Application

Name: _____

Family Names _____

Address: _____ City / State / Zip: _____

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

Email: _____ Email (2): _____

YES, I /We want to help the CHSPA, LLC. Please accept our contribution of:

_____ \$500 Charter Partner Level _____ \$1,000 (2 CPs) _____ \$5,000

_____ Other Amount (please specify) \$ _____

Method of Payment

_____ Check Attached

_____ Cash Attached

_____ Please send Invoice

_____ Credit Card * (MasterCard / Visa / Discover / AE)

* Credit Card Number _____ Expiration Date _____

CSC (Credit Card Security Code) _____

(For MasterCard/Visa/Discover, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.)

Credit Card Name and Address (if different from above)

Signature

* Credit card charges will include a 3% transaction fee to cover expenses. A \$500 charge will be processed at \$515

Make checks payable to: CHSPA
and send to the address at top of page.

You can go online to make a credit card
payment yourself at:

www.cumberlandhill.net/swimtennis.htm