



Rolling Hills Swim and Tennis Club

PO Box 18-717

Fairfield, OH 45018

(513) 829-1682 **in-season only*

www.rhstc.com | rolling.hills.membership@gmail.com

2025 Season Membership Registration Form

This annual membership registration form constitutes your agreement that you understand and will comply with the Club Rules. These rules are posted as a .pdf file on the Club's: www.rhstc.com. Annual registration can also be completed online.

Who is the primary person in this membership with whom the Club should most communicate, either by mail, email, or phone? If you have an email address, it is very important that you allow us to use it. *Please print clearly.*

Primary First & Last Name:	
Primary Email Address:	
Primary Home or Best Phone #:	
Referral Person / Organization:	

- Family \$619.78 (\$535+tax+\$50)**
 Dual \$415.86 (\$367+tax+\$25)
 Single \$312.55 (\$270+tax+\$25)
- Dual-Senior \$360.48 (\$315+tax+\$25)**
 Single-Senior \$238 (\$200+tax+\$25)

**Tax in Butler County is 6.5% *\$50 Family \$25 Dual/Single Maintenance Fee added after tax
 ** Prices above are for cash/check payment. Additional fees apply for online/PayPal transactions*

Additional Membership Information

Street Address	City, State, Zip Code	
Additional individual names included in this membership. Include last names if different from primary member's last name.	Relation to primary member: (ex. Spouse, child)	Under 18 Date of Birth

- If paying by credit card, please use the Credit Card Charge Application on back of this registration form.
- Mail your registration form to the Club address at the top of this form, or bring it to the Club pool office.
- Please visit www.rhstc.com for full membership information, Club rules, and babysitter/guest policies.



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2025 Credit Card Charge Application

Would you like to use EZ Pay?

With EZ Pay your membership balance will be paid in equal monthly payments between the current date and May 15, 2025.
 *** Additional PayPal fees apply for credit card transactions ***

Please circle one...

EZ Pay monthly payments	Single payment, in-full
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Please write clearly

Credit Card Type (Visa or MC)	
Credit Card Number	
Name On Card	
Expiration Date (mm/yy)	
CCV#	
Amount to be charged	
Purpose of charge	
Cardholder's Signature	

Billing Address

(If different than the address listed on your 2025 Season Membership Registration Form)

Street Address	
City, State, Zip	