

2019 APPLICATION FOR MEMBERSHIP IN
THE CARLISLE SWIM CLUB
P.O. BOX 500
CARLISLE, PA 17013

*This application is subject to action of the Membership Committee and the Board of Directors.
The right to refuse applicant is reserved.*

<u>Type of Membership</u>	<u>Membership Fee</u>	<u>Annual Dues</u>	<u>Amount Paid:</u> _____
____ Family 4+	\$150	\$400	<u>Date:</u> _____
____ Family 3	\$150	\$370	<u>Telephone (home):</u> _____
____ Family 2	\$150	\$340	<u>Spouse 1(work):</u> _____
____ Individual	\$150	\$230	<u>Spouse 2(work):</u> _____
(** Membership types defined below.)			<u>Email Address:</u> _____

Name of Applicant: _____ Spouse: _____
(Please Print) (Couple or Family Membership Only)

Address: _____
(Street) (City & State) (Zip Code)

Occupation: _____ Name of Company: _____

Children: (Please list all children age 22 and under. All children listed must be members of the applicant's immediate family.)

<u>Name (age 22 and under)</u>	<u>Date of Birth</u>	<u>Name (age 22 and under)</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recommended By:

Swim Club Member: _____
(Signature) (Please Print Name)

Swim Club Member: _____
(Signature) (Please Print Name)

By signing below, it is understood and agreed that:

- I understand that I am responsible to notify the Carlisle Swim Club Board of Directors of any changes that occur to this membership.
- All persons included in the membership (and their guests) shall abide by the Rules & Regulations of the Carlisle Swim Club. Failure to do so will result in the termination of the membership and forfeiture of all fees.

I certify that the information above is valid and correct. I further understand and agree that any incorrect information given shall be significant cause to terminate this membership. By signing below, I hereby acknowledge that I have read and clearly understand the By-Laws of the Carlisle Swim Club.

Signature of Applicant: _____

(Please do not write below this line)

Membership Fee Paid: _____ **Board Approval:** _____
(Amount) (Date) (Cash/Check#) (Date)

**** Membership Types:**

Family –The family membership is available for parent(s) or guardian(s) and any of their unmarried children 22 years of age and under who are residing in the same household. Children under the age of 2 on May 1, 2019 are free and not included in the family count. Children over the age of 22 can be included so long as they are dependent, unmarried, and qualify as full time students. Cousins, nieces/nephews, grandparents, grandchildren, aunts/uncles, babysitters, roommates, etc. are NOT eligible for inclusion in a family membership.

Individual – Covers a single adult age 18 or over.