

MEMBERSHIP NUMBER:

South Hills Swim Club
Post Office Box 75085
Charleston, West Virginia 25375-0085

The undersigned hereby submits application for membership in the South Hills Swim Club, and agrees to pay the sum of \$500 for the membership share not later than ten days following notification of acceptance. Annual membership dues/fees must be paid by opening day each year (for 2018 dues are \$450.00)

The following information is submitted in support of this application:

FAMILY LAST NAME: _____ HOME TELEPHONE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIPCODE _____

HUSBAND NAME: _____ EMPLOYER: _____

WIFE NAME: _____ EMPLOYER: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

FAMILY PHYSICIAN: _____ TELEPHONE: _____

NAME(S) OF CHILDREN (Residing at home):

_____ DATE OF BIRTH: _____

_____ DATE OF BIRTH _____

_____ DATE OF BIRTH: _____

Other relatives living at home on a PERMANENT basis:

NAME: _____ RELATIONSHIP: _____

The undersigned agrees that upon admission to membership he/she will abide by all of the rules, regulations and By-laws of the Club.

Signature of Applicant

Date

If you have friends who are currently members of the Club, please list two of them here:

Mail application ONLY to:
South Hills Swim Club
P.O. Box 75085
Charleston, WV 25375-0085

For internal use only:

Date Received: _____ **Approved By:** _____ **Date:** _____ **Membership Certificate Sent:** _____