

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. In addition, the annual membership dues/fees must be paid by opening day each year (currently \$550).

FAMILY NAME \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ :

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ 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:** \_\_\_\_\_ **Member Certificate Sent:** \_\_\_\_\_