



Brookside Swim Club

MEMBERSHIP APPLICATION

1. HUSBAND

Name _____
(Last, First)

Occupation _____

Employer _____

Home Address _____
(Street)

Phone _____

WIFE

Name _____
(Last, First)

Occupation _____

Employer _____

Home Address _____
(City, State Zip)

E-Mail Address _____

2. CHILDREN

NAME	SEX	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. EMERGENCY CONTACTS

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

4. I FOUND OUT ABOUT BROOKSIDE FROM:

- _____ A Member Family (complete Sponsoring Family below)
- _____ Advertising (Please Describe) _____
- _____ Web Site
- _____ Other (Please Describe) _____

5. SPONSORING FAMILY (if applicable)

NAME _____ PHONE _____
ADDRESS _____

6. REFERENCES (Please list at least 2, preferably with minimum 2 years membership)

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

NAME _____ PHONE _____
ADDRESS _____

7. I do hereby accept the conditions for "Associate Life Membership" as listed, should my application be approved by the Board of Trustees. I accept their decision as final with no recourse to law.

DATE _____ SIGNATURE _____

OFFICE USE ONLY

Date Application Received _____ Date Membership Approved _____

Approved By _____

Check Received _____ Check Number _____