

West Laurel Swim Club

P.O. Box 217, Laurel, MD 20725

wswimclub@gmail.com

Application for RENTER MEMBERSHIP

Name (Head of Household) _____

Name (spouse) _____

Address _____
Street Apt. # City Zip Code

Telephone _____ Email _____
(home) (work) or (cell)

Children's Names and Birthdates:

- | | | | |
|----------|-------|----------|-------|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

OTHER Household Members: Provide name, relationship, and birth date of any other persons living at this same address who are to be considered members of your household.

- | | | |
|----------|--------------|------------|
| 1. _____ | _____ | _____ |
| Name | Relationship | Birth Date |
| 2. _____ | _____ | _____ |
| Name | Relationship | Birth Date |

Owner of West Laurel Residence _____ Club Member # _____

Current address or Realtor _____

Signature

Date