

West Laurel Swim Club

Send Completed/Signed Form To:
West Laurel Swim Club
PO Box 217, Laurel, MD 20725-0217
(240) 712-4210
WLSwimClub@gmail.com



EMPTY NESTER REQUEST FORM

NAME _____ MEMBER NUMBER _____

ADDRESS _____
Street City State Zip Code

HOME PHONE _____ WORK PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

NAMES(s) and BIRTHDATE(s) of RESIDENTS:

_____	_____
Name	Birth date
_____	_____
Name	Birth date

Empty Nester Membership is defined as any household which consists of only one or two occupants age 55 years or older. The membership will be entitled to a \$100 discount of the Annual Maintenance Fee. An Empty Nester Membership Request form must be submitted and approved by the Board of Directors on an annual basis. Households where dependents reside during the summer months are not eligible for the Empty Nester membership.

I have read the Empty Nester Membership policy above and accept the conditions.

I certify that the above person(s) is (are) the sole occupant(s) of the household.

Signature of Applicant

Date

FOR CLUB USE ONLY:

DATE: REQUEST RECEIVED: _____ PENDING APPROVAL LETTER SENT: _____ PRESENTED TO BOARD _____

DATE: APPROVAL/DENIAL LETTER SENT: _____ REQUEST WAS: _____ APPROVED _____ DENIED

NOTES _____