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



Application for MEMBERSHIP

NAME (Head of Household)			DATE OF BIRTH		
ADDRESS					
	Street	City	State	Zip code	
HOME PHONE	WORK PHONE	MOBILE PHONE	E	MAIL	
NAME (spouse/partner) _			DATE OF	BIRTH	
HOME PHONE	WORK PHONE	MOBILE PHONE	E	MAIL	
NAME AS TO APPEAR ON I	MEMBERSHIP CERTIFICATE				

Pursuant to the By-Laws of the Club; ARTICLE II, Sec.1, sub-sec. 2, Member Family is defined as: Includes all persons permanently residing in that household who are related to the head of the household by blood, marriage or legal action as spouse, parent, child, sister or brother, and others who are specifically approved by the Board of Directors.

• In accordance with the above stated, please include all family members (with exclusion of those listed above) who are to be included in membership.

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH

If accepted for membership at the West Laurel Swim Club, I agree to abide by the Club By-Laws, Rules and Regulations, and Policies, to remain a member in good standing.

SIGNATURE

DATE

NOTE: If you were recruited to join the Club by a current Member in Good Standing, please provide their Name and/or member Number: _____

EMERGENCY CONTACT INFORMATION

Club Policies dictate that an Emergency Card be kept on file as part of the admission policy. Please complete the following with the required information. Names of all members being considered for admission to the pool must be listed. Your Application for Membership will not be considered complete and accepted until all fields are complete.

NAME	DATE OF BIRTH	DOCTOR NAME	DOCTOR PHONE #

Please provide contact information in event that the person(s) on front of application cannot be reached in case of an emergency:

NAME_____PHONE#_____ALTERNATE PHONE #_____

PHOTOGRAPH

Club policies state that, "one (1) picture, no larger than 3x3 inches, showing all family members permanently residing in the household, will be required as part of the admission system." (Photographs may be taken at the pool by pool personnel for a nominal fee.)

FOR CLUB USE ONLY:			
DATE: APPLICAUION RECEIVED:	MEMBERSHIP FEE PAID:	APPLICATION FEE PAID:	MAINTENANCE FEE PAID:
NEW MEMBERSHIP #	_MEMBERSHIP # BEING PURCHASED	MEMBERSHIP BEING SOLD WAS	: MEMBER SALECLUB RESALE
NOTES:			