

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



Application for MEMBERSHIP

NAME (Head of Household) _____ DATE OF BIRTH _____

ADDRESS _____
Street City State Zip code

HOME PHONE _____ WORK PHONE _____ MOBILE PHONE _____ EMAIL _____

NAME (spouse/partner) _____ DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____ MOBILE PHONE _____ EMAIL _____

NAME AS TO APPEAR ON 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: _____

(OVER)

