

# 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 RENTER MEMBERSHIP

Name (Head of Household) \_\_\_\_\_

Name (Upouse) \_\_\_\_\_

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