P. O. BOX 80083 ROCHESTER, MI 48308-0083

MEMBERSHIP APPLICATION FORM

BOARD OF GOVERNORS:

Wait List # ____

The undersigned hereby makes application for membership in the Heart of the Hills Swim Club. Attached is a \$25.00 non-refundable deposit, which will be applied toward the initiation fee upon admission into the Club.

As an applicant, I understand that I will be placed on a waiting list in the order that my application is received and that membership changes are processed year-round. When a current member terminates and a membership becomes available, it will be offered to the next person on the waiting list. Should I choose not to join when invited, my name will be removed from the list.

The following information is submitted in support of this application and to indicate eligibility for membership.

Applicant:		Phone:		
Joint Applicant (spouse o	of Applicant):			
Residence Address:				
City:		Zip Code:		
E-mail address:				
Children: Name:	Birthdate:	Name:	Birthdate:	_
Name:	Birthdate:	Name:	Birthdate:	_
Name:	Birthdate:	Name:	Birthdate:	_
The undersigned agrees regulations and by-laws	of the Club.		,	·
the initiation f subject to con c) If you have ar Geiger, at (24 http://hhscsw FEES: (as of 03/06/2014 Refundable: M	ks payable to HEART OF on to the Club, a Memberee is due. Upon terminal ditions stated in the by-lay questions, please feel 8) 805-1415. Check you im.org.	THE HILLS SWIM CL rship Bond must be ption of membership, laws. free to contact the Eur waiting list numbe	UB. Durchased. Also, the bath the bath the band may be redeed Business Manager, Barber and club information	alance of emed ara
Nomerandable. <u>11</u>		ce use only:	,	
te Received:			Accepted or	Declined
eck # or Cash:	Acceptance Date:		Date:	

Payment Due: __

Member Number: ___