

GREEN-FIELDS SWIMMING CLUB

APPLICATION FOR MEMBERSHIP

Mail with Application Fee of \$26.66
 To: PO Box 172, Thorofare NJ 08086
 Or drop off at pool after Memorial Day.

The undersigned hereby submits application for membership to the Green-Fields Swim Club and agrees that if accepted, he/she will abide by all rules, regulations, and by-laws of the club. **Note:** all immediate family household members must be included on your application with the exception of adult children over the age of 18.

Lead Name
 (First/M/Last)
 Choose an item. Home Address Date of Birth
 City/Zip Code Home Phone
 Employer Cell Phone
 Occupation Work Phone
 Home email

Spouse/Other
 (First/M/Last)
 Choose an item. Home Phone Date of Birth
 Employer Cell Phone
 Occupation Work Phone
 Home email

Membership Interest Full August
 Are you a child of a current or former member? Name of Member:
 Are you a former member who held a bond? Approx Yr Resigned:

Please list names, birth dates of children or other members of household to be included: N/A

Name		Date of Birth		Relationship	
Name		Date of Birth		Relationship	
Name		Date of Birth		Relationship	
Name		Date of Birth		Relationship	
Name		Date of Birth		Relationship	

Signature of Applicant _____ Date

Green-Field Member Reference

*****Below for Board Use Only*****

Check Cash Date Application Received Date Bond \$ Received
 Amount Amount
 Check Number Check Number
 Bond #/issue Date