

Treehaven Swim Club 2019  
**New Family Membership Application**  
 P.O. Box 1133, Aliquippa, PA 15001

Applicant (A): \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse (B): \_\_\_\_\_ Phone: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**INITIATION FEE: \$225 ANNUAL DUES: \$325**

- Name of current member sponsoring you? \_\_\_\_\_ How long have you known? \_\_\_\_\_

I/We the undersigned, hereby apply for a family membership to Treehaven Swim Club. The non-refundable, non-transferable initiation fee and annual dues will be paid by Me/Us upon acceptance and thereafter in accordance with the by-laws governing due payment.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**No cash payments accepted.** Please make check payable to: "Treehaven Swim Club" or you can use Paypal. If you are using Paypal there is a \$20 Service Fee that you need to add before submitting. Include in your payment or your payment will not be paid in full.

- No family will be permitted use of pool facilities until dues and assessments are paid in full.
- You are responsible to ensure your guests fees are paid. \$5 per person, per visit (limit 3 visits/month)
- Please write all **members living with you in your household** that will be on your membership and updated cell phone numbers

Name of family members living in household	Age	Contact Number

Amount Paid: \_\_\_\_\_ Check # or Paypal: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_ Date Notified: \_\_\_\_\_ Recv'd by: \_\_\_\_\_