

Treehaven Swim Club 2020
Family Renewal Membership Application
 Family Membership Application

- **ANNUAL DUES: \$325**
- **Due Date: 5/1/2020**

Applicant: _____ Phone: _____

Spouse: _____ Phone: _____

Address: _____

Email address: _____

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 Service Fee in your payment or your payment will NOT be paid in full.

- No family will be permitted use of pool facilities until dues 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.

Name of family members living in household	Age	Contact Number

Check here if you have a Child Care Provider – Please fill out Child Care Provider form and Submit with Membership

Please fill out form in it's entirety and send in with payment to either the P.O. Box, or scan if submitting via paypal and email to treehavenswimclub@gmail.com. **Treehaven Swim Club, P.O. BOX 1133, Aliquippa, PA 15001.**

Amount Paid: _____ Date Paid: _____ Recv'd by: _____ Check # or Paypal: _____

Board Acceptance Date: _____ Date Notified: _____