

# SEAFORD SWIMMING POOL ASSOCIATION, INC.

P.O. BOX 434, Seaford, DE 19973  
26274 Craig's Mill Rd, Seaford, DE 19973

## MEMBERSHIP APPLICATION

*I herewith apply for membership in the Seaford Swimming Pool Association, Inc.*

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Please list all children:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**All members of your family should be listed. If you have a question, please direct the question to a member of the Board of Directors.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Were you referred by a current member? (Circle one) Yes or No

If yes, who? \_\_\_\_\_

### Membership costs

<b><i>Dues based on family size</i></b>	<b><i>Cost</i></b>
One member	\$140
Two members	\$280
Three members	\$420
Four or more members	\$560

Dues based on family size \$ \_\_\_\_\_

**TOTAL AMOUNT DUE (Please include payment)** \$ \_\_\_\_\_

Staff Signature \_\_\_\_\_