Treeview Swim Club

Ownership	#
------------------	---

2020 RETURNING MEMBER APPLICATION

PRIMARY OV	VNER'S NAME:		PHONE:				
ADDITIONAL	OWNER'S NAME:				_ PHONE:		
EMAIL ADDR	RESS:						
MAILING AD	DRESS:						
CITY:		STATE:	ZIP: _				
OF ALL AG	SES. (Children under the age UST BE ON EACH OWNERSH		be listed and are	included a			
Maximum		e provide complete informat ip number. Current owner pr					
\$150.00	Primary Owner Name:		Email:				
Age	e: Birthdate:	Relationship to Owner _	Male ,	/ Female	Has TVSC Card? Yes / No		
\$300.00	Member 2 Name:	E	mail (if over 18)				
Age	e: Birthdate:	Relationship to Owner _	Male ,	/ Female	Has TVSC Card? Yes / No		
\$450.00	Member 3 Name:	E	mail (if over 18)				
Age	e: Birthdate:	Relationship to Owner	Male ,	/ Female	Has TVSC Card? Yes / No		
\$600.00	Member 4 Name:	Eı	mail (if over 18)				
Age	e: Birthdate:	Relationship to Owner	Male ,	/ Female	Has TVSC Card? Yes / No		
\$750.00	Member 5 Name:	E	mail (if over 18)				
Age	e: Birthdate:	Relationship to Owner	Male ,	/ Female	Has TVSC Card? Yes / No		
\$900.00	Member 6 Name:	E	mail (if over 18)				
Age	e: Birthdate:	Relationship to Owner _	Male ,	/ Female	Has TVSC Card? Yes / No		

Treeview Swim Club

	CONTACTS' NAMES AND	_	i wo persons <u>not</u> nated o	ii tiiis ioiiii,	
2					
	MEMBERS EMAIL***(Plea b event notifications / be			-primary members who wou	ld
NAME	EMAIL ADDRI	ESS			
NAME	EMAIL ADDRI	ESS			
Please read and s	ign:				
already have an II and payment. Ple ready for pick up	D card. Members that nee ase write the first and las	ed a new TVCS ID card t name and ownershi	should submit a small he pack of	sued to those members who ead shot photo with this forn all photos. ID cards will be de free of charge. ID cards m	
only those named the By-laws, and I them. I understan	on this form, along with	our guests, are entitle ave read the By-laws ne Articles of Incorpor	ed to the use of the Club' and Rules and Regulatior	nd accurate. I understand the stand the state of the stand and agree to be bound by and Regulations shall	1
OWNER'S PRINTE	D NAME:			DATE:	
OWNER'S SIGNAT	'URE:				
OR OFFICE USE ONLY: 1	Fotal amount due:	Adults:	Children 3 to 17:	Under age 3:	
DATE:				RECEIVED BY:	
A.T.F.	AAAOUNT DAID	64611 / 611	FOR ACREDIT CHECK !!	DECENTED BY	