

Spotswood Swim Club Membership Application

Name:

Address:

E-mail address:

Phone number:

Choose one:

- One Year "Trial" Pool Use Active Duty Military
 Individual Membership Household membership

Other family members residing at the above address:

Name	Age	Relationship
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Referred by (optional) _____

Two current pool members as personal references:

Name:

Phone Number:

Return to a Manager at the pool, the Membership Secretary (Teresa Bullock),
or mail to P.O. Box 38, Fxbg, VA 22404