



UPPER MORELAND SWIM CLUB
Membership Application

Date _____
 Date Rec'd _____



| | |
|--------------------------|------------------------|
| Name: | Birthday: |
| Spouse Name: | Birthday: |
| Street Address: | Phone: |
| City: State: Zip: | Marital Status: |

CHILDREN living in your household – Total Number:

| | | | |
|-----------|---------------|------------|---------------|
| 1. | D.O.B. | 8. | D.O.B. |
| 2. | D.O.B. | 9. | D.O.B. |
| 3. | D.O.B. | 10. | D.O.B. |
| 4. | D.O.B. | 11. | D.O.B. |
| 5. | D.O.B. | 12. | D.O.B. |
| 6. | D.O.B. | 13. | D.O.B. |

ADDITIONAL Household Members (other than your children) TOTAL NUMBER: _____

| | | | |
|-----------|---------------|-----------|---------------|
| 1. | D.O.B. | 5. | D.O.B. |
| 2. | D.O.B. | 6. | D.O.B. |
| 3. | D.O.B. | 7. | D.O.B. |
| 4. | D.O.B. | 8. | D.O.B. |

TOTAL NUMBER of individuals residing in your household: _____

Signature of Applicant: _____

Signature of Co-Applicant: _____

Please be advised that falsifying information supplied above will cancel membership application automatically. This application must be signed by 3 certificate holding members – of which one member must be on the Board of Directors.

1. **Signature:** _____
2. **Signature:** _____
3. **Signature of Board Member:** _____

Please forward the completed application form and \$25.00 fee, payable to:

UPPER MORELAND SWIM CLUB
P.O. BOX 264
WILLOW GROVE, PA 19090

Waiting List Coordinators: Mary Heller (215-657-2766) Fran Powers (215-675-3909)