



**2025 Membership Referral Program Application Form**  
Valid through July 31, 2025

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Referring Member Information:**

- Name: \_\_\_\_\_
- Membership ID: \_\_\_\_\_
- Address: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Referred New Member Information:**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Please note that the total amount of rebates cannot exceed the cost of membership dues**

<b>Type of Membership Referred</b> (please tick the appropriate box)	
Family Membership (\$425 rebate)	
1-2 Person Membership \$325 rebate	

<b>Type of Membership Referred</b> (please tick the appropriate box)	
Senior Single Membership \$187.50 rebate	
Senior Couple Membership \$240 rebate	
Additional Referral applies after your first referral (\$100 rebate)	

**Commitment Confirmation:** (Please read and acknowledge by initialing)

- **New Member Commitment:** I confirm that the referred new member has agreed to commit to a minimum of two seasons (2025 & 2026) of membership at the Upper Moreland Swim Club. Failure to fulfill this commitment will result in the forfeiture of their bond investment.

**Referrer Acknowledgment:** (Please read and sign)

- I understand that my referral discount will apply only to my 2025 dues and that the discount amount will be determined by the type of membership signed up for by the referred new member. Additional referrals beyond the first will result in further discounts as stipulated in the referral program guidelines. I certify that all the information provided is accurate and that the referred individual(s) are informed of the club's policies and commitment requirements.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**For Office Use Only**

- **Received By:** \_\_\_\_\_
- **Date Received:** \_\_\_ / \_\_\_ / \_\_\_\_\_
- **Membership Verification:** \_\_\_\_\_
- **Approval Signature:** \_\_\_\_\_

- **Date Approved:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Instructions for Submission:** Please complete this form and return it to the club's main office or submit it via email to **Contact.UMSwimClub@gmail.com**. Ensure all sections are filled accurately to avoid delays in processing your referral benefits.

This form will help streamline the referral process and ensure that both referrers and referred members understand their commitments and the benefits involved.