

# Montclaive Swim Club

[montclaireswimclub@yahoo.com](mailto:montclaireswimclub@yahoo.com)

**401 Harvard Dr \* Edwardsville, Illinois 62025 \* (618) 656-1123**

Montclaive Swim Club is now offering a five-month payment plan to new and returning members for our Family Memberships.

- Save \$25 off the 2019 Family Membership Dues
- Pay a non-refundable \$50 deposit fee by January 15<sup>th</sup>, 2019.
- Make \$75 payments February-May
- Total payments made=\$350
- Payments are due by the 15<sup>th</sup> of each month

**Dues for 2019: (Please check one)**

☐

**\$375 Family Memberships**

☐

**\$350 Family Membership Payment Plan-\*\*NEW\*\***

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**Single Membership, \$185** (\*Must be 18 or older to apply for single membership.)

Please fill out the following information completely and submit, along with payment, to the address below. EMERGENCY PHONE NUMBER MUST BE LISTED. No member of your family will be permitted to use the pool until full payment of dues.

Please make checks payable to:  
Montclaive Pool  
P.O. Box 37  
Edwardsville, IL 62025

MEMBER'S NAME(S) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

NAMES OF CHILDREN:

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**FOR POOL USE ONLY:**

Date Paid: \_\_\_\_\_ Accepted by: \_\_\_\_\_

Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_ Concession: \_\_\_\_\_ Guest: \_\_\_\_\_

Passes Issued: \_\_\_\_\_ New Member: \_\_\_\_\_

Memo: \_\_\_\_\_