SPRINGFIELD SWIM CLUB – APPLICATION FOR MEMBERSHIP
P.O. Box 307
Springfield PA 19064

SSC 2020

I/We the undersigned do hereby make application for membership in the Springfield Swim Club (SSC) Inc.

_____ _____
Adult 1 Adult 2

_____ _____
Street Address, Springfield PA 19064 Telephone

_____
E-Mail Address (for membership and club information only)

How did you hear about us (please check one of the following):

[ ] Member Referral [ ] Postcard

[ ] Springfield Press [ ] Other (Please describe) _____

If a parent of Adult 1 or 2 is a current member of SSC, please check here [ ]

Sponsors (All applicants must be sponsored by two (2) members (of different households) in good standing)

_____ Member Number _____
Sponsor 1

_____ Member Number _____
Sponsor 2

Deposit A Deposit of $25.00 (check) must accompany application, Application must be delivered personally to a member of the membership committee listed below:

John O'Hara	Tom Ronayne	John Barber	Noel Peranteau
408 Wayne Ave	141 North Norwinden Drive	417 Maplewood Road	319 Brock Road
610-604-0220	610-529-7440	610-328-1919	610-389-3479
jsksohara@verizon.net	tronaynesr@msn.com	ottis247@verizon.net	noel.peranteau@rq-solutions.com

---

RECEIPT
Springfield Swim Club Inc.
P.O. Box 307
Springfield PA 19064

Received deposit of $25.00 from:

_____ _____
Name Street Address

Subject to the following conditions:

1. This deposit will be refunded upon WRITTEN request anytime prior to being offered membership in the club.
2. When offered membership in the club, this deposit will be credited to the cost of share of stock if balance or first payment (payment plan) is paid within 30 days of notification.
3. This deposit is subject to forfeiture ONLY if you are offered membership and cannot be contacted or you fail to comply with condition 2 above.

_____ _____
Membership Committee Member Date