



Mountain Creek Swim Club
2092 Mountain Creek Ct
Stone Mountain, GA 30087

Date _____

2019 MCSC MEMBERSHIP APPLICATION

Applicant Name _____

New Member _____ Returning One _____ Previous Member _____

If referred by a Pool Member- Please provide their name _____

Address _____

City St Zip _____

Email Address _____ Phone _____

Household Members:

Name:	Relation	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of Emergency (Person who would not be at the pool)

Name	Cell Phone	Relationship
_____	_____	_____

Best way to reach you, provide both:

Email Address: _____ Yes/ No

Home & or Cell Phone: _____ Yes/No

How have you heard or seen Mountain Creek Swim Club:

Smoke Signal _____ Neighbor _____ Social Media _____ Friend _____

Other _____

THANK YOU FOR YOUR SUPPORT!