

MEMBERSHIP USE ONLY

DATE PAID: _____
AMOUNT: \$ _____
CHECK No: _____
SHARE No: _____
CARD No: _____

SPRINGFIELD SWIM CLUB

P.O. Box 307
Springfield PA 19064-0307
Phone: 610-544-7717

SSC
2021

MEMBERSHIP REGISTRATION, BILLING AND SHARES APPLICATION
3 YEAR BOND PAYMENT OPTION

Name (Last, First)

Street Address (Springfield, PA 19064)

Phone

Email

BOND PURCHASE INITIAL INSTALLMENT DUE (\$185.00 Due in Year 1) \$185.00

| | | | |
|---|-------------|------------|-----------------|
| Primary Member (Shareholder) | Name: _____ | DOB: _____ | |
| \$290.00 | | | \$290.00 |
| 2 nd Member (Immediate Family Only) | Name: _____ | DOB: _____ | |
| 3 rd Member ¹ (Immediate Family Only) | Name: _____ | DOB: _____ | \$ _____ |
| 4 th Member ¹ (Immediate Family Only) | Name: _____ | DOB: _____ | \$ _____ |
| 5 th Member ¹ (Immediate Family Only) | Name: _____ | DOB: _____ | \$ _____ |
| 6 th Member ¹ (Immediate Family Only) | Name: _____ | DOB: _____ | \$ _____ |
| 7 th Member ¹ (Immediate Family Only) | Name: _____ | DOB: _____ | \$ _____ |
| 8 th Member ¹ (Immediate Family Only) | Name: _____ | DOB: _____ | \$ _____ |

MAINTENANCE FEE \$100.00

TOTAL DUE: \$ _____

¹ Children under the age of two years old on May 1st of the current season are *FREE*

I, the undersigned, do hereby subscribe to ONE SHARE of the Corporation known as The Springfield Swim Club, Inc.

Signature: _____

Date: _____

MEMBERSHIP REGISTRATION, BILLING AND SHARES RECEIPT

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

Name (Last, First)

\$ _____
Amount Received

Committee Member Signature

Date

SPRINGFIELD SWIM CLUB

P.O. Box 307
Springfield PA 19064-0307
Phone: 610-544-7717



**MEMBERSHIP REGISTRATION, BILLING AND SHARES APPLICATION
3 YEAR BOND PAYMENT OPTION AGREEMENT**

I, the undersigned, have elected to make 3 installment bond payments for my Share in the Springfield Swim Club. The three bond payment amounts will be paid over 3 consecutive years.

The Bond Payment Schedule is as Follows:

| | |
|--|-----------------|
| Total Cost of Bond | \$490.00 |
| Bond Deposit Payment | - \$ 25.00 |
| | <hr/> |
| Total Bond Balance to be paid over three consecutive seasons: | \$465.00 |

| | |
|--|----------|
| 1 st Year Payment Amount (Due on acceptance of application) | \$185.00 |
| 2 nd Year Payment Amount | \$140.00 |
| 3 rd Year Payment Amount | \$140.00 |

_____ A late fee of \$10.00 per week applies to Bond Installment Payments made after May 1 of each
INITIAL year.

_____ Membership Cards will not be issued until installment payments are made.
INITIAL

_____ I agree to forfeit all remitted Bond Installment Payments made if my membership in the
INITIAL Springfield Swim Club is terminated (voluntarily or involuntarily for cause) before the completion of the 3-year payment plan.

_____ I understand there is no penalty for paying my share in full any time before May 1st of the 3rd
INITIAL year.

_____ My share in the Springfield Swim Club will only be issued after the Bond is paid in full and I
INITIAL have been a full dues paying member for 3 consecutive years.

Signature: _____

Date: _____

Print: _____