	For Pool Use Only:	Application # Date
BELOW FILLED IN BY SPONSOR		
I would like to propose:		
Name		
Address	ı	Email:
City/State/Zip		Phone: Cell:
For membership in the Aronimink Sy Please indicate if the applicant or s Yes No If yes, name of stockholder		ockholder or previous stockholder.
Sponsor's Name:		Phone Number
Address		
Instructions for completion of the spor	nsorship form:	
wait list number.4. Complete the name and address of the notification.5. Indicate on the sponsor card whether6. The sponsor is responsible for insuring	e proposed member where indicated so the proposed member is the son or dau that the information provided is accurated with inaccurate information or who re	ighter of a former or present member. ate and complete. Any sponsor,
	Aronimink Swim Club P.O. Box 854	
Drexel Hill, PA 19026		
Date: Name: Address:		
Dear		
We have received a request from the members of the Aronimink Swim Club.		proposing your family as
You have been placed on the preferred/regula	ar waiting list with the waiting list number _	
Please notify us if you move out of the area or for any other reason decide not to join the club. You must reside within the swim club boundaries or have been a former member of the pool.		
Should you have questions please contact Ar	onimink Swim Club at the above address.	
Official Pool Signature		

Not Valid Unless Signed