

SPRINGFIELD SWIM CLUB – APPLICATION FOR MEMBERSHIP

P.O. Box 307
Springfield PA 19064



Date _____

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

Adult 1 (Print Name) _____

Adult 2 (Print Name) _____

Street Address, Springfield PA 19064 _____

Telephone _____

Print 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)

Sponsor 1 _____ Member Number _____

Sponsor 2 _____ Member Number _____

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

Noel Peranteau
319 Brock Road
610-389-3479
noel.peranteau@rq-solutions.com

Tom Ronayne
141 North Norwinden Drive
610-529-7440
tronaynesr@msn.com

John Barber
417 Maplewood Road
610-328-1919
ottis247@verizon.net

Mike Theiss
463 Fox Lane
484-437-3767
michael_a_theiss@yahoo.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 _____