

Springfield Swim Club

Mailing address:

PO Box 307
Springfield, Pa. 19064
Phone: 610-544-7717

Street address:
343 North Rolling Road
Springfield, Pa. 19064

For internal use only:	
Date Paid: _____	
Amount _____	Paid: _____
Check #: _____	Share _____
#: _____	Card #: _____

MEMBERSHIP REGISTRATION, BILLING, and SHARE APPLICATION

Date: _____

_____, Springfield PA 19064
Name _____ Street Address _____

Telephone _____ E-Mail Address _____
For membership and club information only (will not be shared)

Share Purchase:	\$25 (deposit)	
Share Balance:	\$465	\$ _____
Share Total:	\$490	

Primary Shareholder \$265 Name 1: _____ Birth date: _____ **\$265.00**

2nd Member (immediate Family only) Name 2: _____ Birth date: _____ **\$ 0.00**

Children who are under the age of two before May 1st of the current season are free

3rd Member (immediate Family only) \$80 Name: _____ Birth date: _____ \$ _____

4th Member(immediate Family only) \$80 Name: _____ Birth date: _____ \$ _____

5th Member(immediate Family only) \$50 Name: _____ Birth date: _____ \$ _____

6th member(immediate Family only) \$50 Name: _____ Birth date: _____ \$ _____

Additional children \$50 per child: add names and birth dates to form:

Maintenance Fee \$100 **\$100.00**

Total Due: \$ _____

I, the undersigned, do hereby subscribe to one Share of the Corporation known as The Springfield Swim Club,

Signature: _____

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Membership Payment Received:

Date

Member Name Amount

(Membership Committee Member Signature)