

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



MEMBERSHIP REGISTRATION, BILLING AND SHARES APPLICATION

Name (Last, First)

Street Address (Springfield, PA 19064)

Phone

Email

BOND PURCHASE BALANCE DUE (\$490.00 - \$25.00 Initial Deposit) **\$465.00**

Primary Member (Shareholder)	Name: _____	DOB: _____	
\$290.00			\$290.00
2 nd Member (Immediate Family Only)	Name: _____	DOB: _____	
3 rd Member ¹ (Immediate Family Only) \$80.00	Name: _____	DOB: _____	\$ _____
4 th Member ¹ (Immediate Family Only) \$80.00	Name: _____	DOB: _____	\$ _____
5 th Member ¹ (Immediate Family Only) \$50.00	Name: _____	DOB: _____	\$ _____
6 th Member ¹ (Immediate Family Only) \$50.00	Name: _____	DOB: _____	\$ _____
7 th Member ¹ (Immediate Family Only) \$50.00	Name: _____	DOB: _____	\$ _____
8 th Member ¹ (Immediate Family Only) \$50.00	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