



Maplewood Swim Club

P.O. Box 125 • Southampton, PA 18966

3 March 2020

From: Treasurer
To: All Members
Subject: Advance Incremental Dues Payment Plan for 2020 Membership Dues

Dear Member,

Several members have asked if they could prepay their 2020 Membership dues incrementally before the season begins. In the normal course of business the Board will establish this year's budget at our next meeting in early March. Dues invoices are emailed (sent by US mail to those members without email access) and posted on the website in late March.

As an accommodation to those members wishing to make advance incremental dues payments the Board has established the following program.

1. **Advance payments cannot be made thru the electronic registration system** and must be made by check.
2. Advance Dues Payments may be made during three months (March 2020 thru May 2020). The suggested payment date is the 10th of each month.
3. Dues balance is payable before the club opens on Memorial Day weekend.
4. Full amount of the payment(s) will be applied towards membership dues.
5. There will be no service charge. Interest will not be paid on advance payments.
6. Suggested monthly payment is \$125.00 although any amount will be accepted.
7. **If a member makes advance payments and then decides not to join for 2020 all payments will be refunded within five business days after receipt of a written request.**
8. Members should note their member number on checks and payment coupons. Receipts will not be mailed; cancelled checks serve as receipts. **The club does not accept credit card payments for advance dues.**
9. **Payments must be mailed to Maplewood Swim Club, PO Box 125, Southampton, PA 18966.**
10. Payment status can be obtained by emailing the treasurer at RGleich@comcast.net. Please include your member number in any correspondence.

Sincerely,

Richard Gleich,

Treasurer

Maplewood Swim Club – Early Incremental Dues Payment Coupon
(Please include with each payment)

Member Name _____ Member Number: _____

Address _____ Date Paid: _____

City/State/Zip _____ Amt Enclosed: _____

Email _____ Check Number: _____

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For office use only