

Sardis Forest Swim Club

2010 Application for Membership

Last Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Email: _____

[Note: Most swim club correspondence is sent via email.]

Membership Category: Family | Single Parent | Couple | Individual
(circle one)

New or Renewal? _____ Payment Amt: _____
(ask us about payment plans)

Payment Method: one check for full amount (enclosed)
(check one) credit card *(by checking this box, I agree to pay a \$10 convenience fee)*
You will receive an email with debit/cc payment instructions once your application is received.

List first NAMES, AGES and BIRTHDATES of all individuals to be included in this membership:
(include last name if different from above) If more than 5 family members, please add them on the back of this form.

1.	Name	Age	Birthdate
2.	Name	Age	Birthdate
3.	Name	Age	Birthdate
4.	Name	Age	Birthdate
5.	Name	Age	Birthdate

Before submitting this form, please READ the Rules, Regulations and By-laws on the membership page of our website

By checking this box, I acknowledge that I/we have read the Rules, Regulations and By-Laws and agree to abide by them.

Please visit our website for membership category descriptions and current pricing information.

www.sardisforestswimclub.com

Please ensure you select the appropriate membership category. Your membership category is based on the number of dependents living in your household and as claimed on federal income tax Form 1040, NOT based on the number of family members that use or plan to use the pool on a regular basis.

Questions about membership?

**Please contact our membership director, Julie Tiddy:
sardisforestswimclub@yahoo.com or (704) 844-8564**

Please mail this completed form to:

Sardis Forest Swim Club
P.O. Box 2742, Matthews, NC 28106