

**POMONA SWIM CLUB
MEMBERSHIP APPLICATION**

www.PomonaSwimClub.org

DATE _____

TO THE BOARD OF TRUSTEES OF POMONA SWIM CLUB:

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE POMONA SWIM CLUB, WHICH APPLICANT IS SUBJECT TO THE APPROVAL OF THE BOARD OF TRUSTEES. I UNDERSTAND THAT MY POSITION ON THE WAITING LIST WILL BE GOVERNED BY THE DATE OF RECEIPT OF THIS COMPLETED APPLICATION TO POMONA SWIM CLUB. IF ACCEPTED, I AGREE TO ABIDE BY THE CONSTITUTION, BY-LAWS AND RULES AND REGULATIONS OF THE CLUB, AND TO PAY TO THE CLUB THE SUM OF \$450.00 FOR A MEMBERSHIP CERTIFICATE TO BE PAID AS FOLLOWS:

- 1. A \$10.00 NONREFUNDABLE APPLICATION FEE DUE WITH THE APPLICATION.**
- 2. \$440.00 WILL BE DUE UPON RECEIPT OF THE LETTER NOTIFYING THE APPLICANT THAT A MEMBERSHIP CERTIFICATE HAS BECOME AVAILABLE.**
- 3. THE MEMBERSHIP CERTIFICATE DEPRECIATES \$50.00 PER YEAR FOR TWO YEARS AND \$25.00 PER YEAR FOR SIX YEARS, AT WHICH TIME IT WILL BE WORTH \$200.00. IT WILL NOT DEPRECIATE BELOW THIS VALUE.**

I HAVE READ THE ABOVE MEMBERSHIP APPLICATION.

SIGNATURE OF APPLICANT _____

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____

NAMES OF SPOUSE, CHILDREN AND DATES OF BIRTH

NAMES OF ANY RELATIVE RESIDING WITH APPLICANT AND DATE OF BIRTH

PLEASE RETURN THE COMPLETED APPLICATION WITH THE \$10.00 FEE TO:

**POMONA SWIM CLUB
P.O. BOX 2234
CINNAMINSON, NJ 08077
ATTN: MEMBERSHIP**