



# SOUTHGATE SWIM CLUB Membership Application

Family Last Name \_\_\_\_\_

First Name(s) Adults 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Email Address(s) \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Name(s) and Date of Birth(s) of DEPENDENT Children (under age 21)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## ***I hereby apply for membership in the SOUTHGATE SWIM CLUB, INC.***

It is my understanding that as a member I will be entitled to the use of the Club's swimming pool and other athletic and social facilities for myself, my dependents and guests, all in accordance with the By-Laws and Rules & Regulations of the Club.

I understand that upon being accepted as a member, this application, the By-Laws and Rules & Regulations prescribed thereunder shall constitute a contract between me and the Club. By my signature below, I agree to be bound by these By-Laws and Rules & Regulations prescribed therein. I have read the By-Laws and Rules & Regulations.

Applicants Signature \_\_\_\_\_

Referred by (if applicable) \_\_\_\_\_

Previous Owner of Membership (if applicable) \_\_\_\_\_

**PURCHASE PRICE: \$300.00 + Dues Collected \$** \_\_\_\_\_

Mail Application to: SOUTHGATE SWIM CLUB, P.O. BOX 138, MT. EDEN, CA 94557

--For office use only--		
M # _____	Add Rstr & Mbr List _____	Wlc Ltr _____
Add Email _____	Paid _____	Owes _____
Payments _____	_____	_____