



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: \$250.00 + Dues Collected \$

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

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