



North Harford Swim Club
2010 Membership Form

Current Member: \_\_\_\_\_
New Member: \_\_\_\_\_
(Check one)

This form must be completed and returned to the swim club with payment. Please print:

Family Information: Family memberships are available to (2) two adults (ages 18 and over) residing in the same household and their dependents ages 21 and younger:

Primary Member Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Member Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Email (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

Since this is our primary means of communication, please make sure to list a current email address.

Dependent Section: Dependents (ages 21 and younger) include: a) your natural children: b) your step children: c) your adopted children: d) all children to whom you are legal guardian and can show proof. Also, please list live-in grandparents in this section.

Table with 3 columns: Dependent Name, Relationship (S=son / D=daughter), Birth Date (mm/dd/yyyy) For Children only. Includes 6 empty rows for data entry.

Emergency Notification Information: In the event of an EMERGENCY and you are not present, please list someone who could be contacted in your absence.

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Conditions: please list any medical conditions a medical care provider should be aware of and to whom they apply:

Blank lines for medical conditions.

I certify that I have read and will adhere to the NHSC rules & regulations for the 2010 season:

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Worksheet: (check all that apply):

Additional Fees:

Annual Dues:

\$475 if postmarked by 3/15/10: \_\_\_\_\_

\$495 if postmarked by 5/1/10: \_\_\_\_\_

\$400 initiation fee (new members only): \_\_\_\_\_

\_\_\_\_\_ \$100 Hold Fee

\_\_\_\_\_ \$125 Nanny/Babysitter:

\_\_\_\_\_ \$ 75 Non-MBR child (3 and under)

\_\_\_\_\_ \$125 Non-MBR child (4-12)

\_\_\_\_\_ \$25 late fee-if postmarked after 5/1/10

Total Enclosed: \$

Credit Card Payments: Please go to nhswimclub.com

For Office Use Only: Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ PM: \_\_\_\_\_ Received By: \_\_\_\_\_
Credit Card: Visa or MC