

MEMBERSHIP NUMBER: \_\_\_\_\_

**South Hills Swim Club**  
**Post Office Box 75085**  
**Charleston, West Virginia 25375-0085**

The undersigned hereby submits application for membership in the South Hills Swim Club, and agrees to pay the sum of \$300 for the membership share, and \$300.00 for the initiation fee not later than ten days following notification of acceptance. The following information is submitted in support of this application:

FAMILY LAST NAME: \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HUSBAND NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WIFE NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME(S) OF CHILDREN (Living at home):

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Other relatives living at home on a PERMANENT basis:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

The undersigned agrees that upon admission to membership he/she will abide by all of the rules, regulations and By-laws of the Club.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you have friends who are currently members of the Club, please list two of them here:

\_\_\_\_\_

**Mail Application ONLY to:**

South Hills Swim Club  
P.O. Box 75085  
Charleston, WV 25375-0085

**For Internal Use Only:**

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Stock Certificate Sent: \_\_\_\_\_