

**MEMBERSHIP APPLICATION
SUMMER 2011**

Member Name – Last: _____ First: _____
(Print) (Print)

Name of children _____, _____, _____
_____, _____, _____

*(Only persons residing in you home are eligible to swim on your membership.
Exceptions: Members children up to 21 years of age who are residing outside of home)*

Member Address: _____

Email Address: _____

Contact Numbers:
Home: _____ Cell: _____ Work: _____

Emergency contact person: _____ Phone: _____

Membership Options: *(Please circle one)*

Seasonal Membership \$300.00

OR

Full Membership \$400.00 *(1st year and \$250 per year thereafter)*

Don't forget about the **Early Bird Special** for Full Memberships.
(\$230.00 if dues are paid on or before April 15. \$250.00, thereafter; FULL MEMBERSHIP STATUS ONLY.)

TOTAL ENCLOSED \$ _____ Check #: _____

I hereby agree to abide by all the rules of the club.

(Members may begin swimming as soon as dues are paid. You will not be sent verification of payment. Sign in to swim if you have sent payment in the mail.)

Signature of Member: _____ Date: _____, 2011

Please mail to:
Riverside Swimming Club, Inc.
P.O. Box 62687
Lafayette, LA 70596-2687