



UPPER MORELAND SWIM CLUB

UPPER MORELAND SWIM CLUB Membership Application

Date _____ Date Rec'd _____ Check # _____ Amt. _____ OFFICE INFORMATION

Form with fields for Name, Spouse Name, Street Address, City, State, Zip, Birthday, Cell, Email, and Marital Status (S, M, D, W).

CHILDREN living in your household – Total Number:

Table with 4 columns: 1-6, D.O.B., 7-12, D.O.B.

ADDITIONAL Household Members (other than your children) TOTAL NUMBER: _____

Table with 4 columns: 1-4, D.O.B., 5-8, D.O.B.

TOTAL NUMBER of individuals residing in your household: _____

Signature of Applicant: _____

Signature of Co-Applicant: _____

Please be advised that falsifying information supplied above will cancel membership application automatically. This application must be signed by 3 certificate holding members – of which one member must be on the Board of Directors.

1. Signature: _____

2. Signature: _____

3. Signature of Board Member: _____

Please forward the completed application form and \$25.00 fee (non-refundable).

THIS WILL PUT YOU ON THE WAITING LIST

Payable to: UPPER MORELAND SWIM CLUB P.O. BOX 264 WILLOW GROVE, PA 19090 UMSC Secretary: Maria Murt (215-208-7051)