

**APPLICATION FOR MEMBERSHIP
TREEHAVEN SWIM CLUB
P.O. BOX 1133, ALIQUIPPA, PA 15001**

Date: _____
Applicant: _____ Phone No. _____
Spouse: _____ Phone No. _____
Address: _____
Occupation: _____ Phone No: _____

Name of unmarried children living in your household:

Name _____	Date of Birth: _____
Name _____	Date of Birth: _____
Name _____	Date of Birth: _____
Name _____	Date of Birth: _____

1. Name of current member sponsoring you for admission to Treehaven Swim Club?
2. How long and in what capacity have you known the sponsoring member?

I/We, the undersigned, hereby apply for membership in Treehaven Swim Club. The **non-refundable, non-transferable** initiation fee and annual dues will be paid by Me/Us upon acceptance and thereafter in accordance with the by-laws governing due payment.

Signature of Applicant

Signature of Spouse

After completing and signing the above, please forward the application to the member of the pool sponsoring you for admission. He/She will complete the section below and return it to a board member of the swim club.

Sponsoring Member

Please make a statement concerning the character of the person you are sponsoring.

Signature of Sponsoring Member: _____

Amount Paid: _____

Date Paid: _____

Acceptance Date: _____

Date Notified: _____