

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

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Occupation: \_\_\_\_\_ 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, the undersigned, hereby apply for membership in Treehaven Swim Club. The **non-refundable, non-transferable** individual membership will hold **no equity** in Treehaven Swim Club. Annual dues in the amount of \$150 will be paid by Me upon acceptance due by June 1 or loss of membership may occur in accordance with the by-laws governing dues payment. To be eligible for an individual membership the applicant must be 13 years of age.

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

\_\_\_\_\_  
Date

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: \_\_\_\_\_