

ORELAND SWIM CLUB

Membership Application

Date _____

Name _____ Date of Birth _____

Address _____ Home Phone _____

Occupation _____

Employer (name, address and phone) _____

Spouse _____ Date of Birth _____

Occupation _____

Employer (name, address and phone) _____

Legal Dependents (*) Date Of Birth Sex

* Legal dependents are those under the age of 21 whose primary place of residence is that listed above.
(use additional paper as necessary)

Non-dependents living at above address Date of Birth Sex

The undersigned hereby submits application for membership in the "Oreland Swim Club" and agrees that if accepted they will abide by all rules, regulations, and bylaws of the corporation. The applicant also affirms that the above information is true and accurate. This application is subject to action by the Membership Committee and the right to refuse application is reserved.

Applicant's signature _____

Please return completed form, together with non refundable check for \$25.00 to ORELAND SWIM CLUB,
Membership Chairman, PO Box 63, Oreland, PA 19075. # 215-885-1266