

ORELAND SWIM CLUB MEMBER APPLICATION

Application must be mailed to: Oreland Swim Club, P.O. Box 63, Oreland, PA 19075

Returning Member New Member (referred by: _____)

Member:	Spouse:
DOB:	DOB:
E-mail:	E-mail:
Phone:	Phone:

Address: _____

Child's Name*	DOB	Child's Name*	DOB

(*Those under 21 whose primary place of residence is that listed above.)

Please check the appropriate boxes:

<u>2020 MEMBERSHIP RATES*</u>	<u>BONDED MEMBERS</u>	<input checked="" type="checkbox"/>	<u>NON-BONDED MEMBERS</u>	<input checked="" type="checkbox"/>
3+ Person Household	\$632.50	<input type="checkbox"/>	\$803	<input type="checkbox"/>
2-Person Household (one member must be over 21 yrs)	\$522.50	<input type="checkbox"/>	\$693	<input type="checkbox"/>
1 Adult (over 21 yrs)	\$412.50	<input type="checkbox"/>	\$583	<input type="checkbox"/>
Senior Citizen	\$315	<input type="checkbox"/>	\$367.50	<input type="checkbox"/>
Babysitter Fee Name & DOB:	\$100	<input type="checkbox"/>	\$100	<input type="checkbox"/>

New Bond Purchase**	\$450	<input type="checkbox"/>
Guest Pass Punch Card	\$70 (valid for 10 visits)	<input type="checkbox"/>

***Payments can be made by check (to: Oreland Swim Club) at the above rates. Members can choose to pay online with PayPal and will incur the 2.9% PayPal fee plus \$0.30 transaction fee. This form must be submitted with either payment option.**

****Bond holder information is available at www.orelandswimclub.com.**

The undersigned hereby submits this application and agrees that they will abide by all rules, regulations and bylaws of the corporation. The applicant also affirms that the above information is true and accurate.

Signature: _____ Date: _____

Office Use Only: Membership: _____ Member #: _____ Ck#: _____ PP: _____