

Taylor Mill Swim Club 2018 Membership Renewal Form

***** REMINDER:** Eligible family members must permanently **RESIDE** at the home address listed below. Proof of residency (see note on emailed invoice or in newsletter) is required for any adult (other than certificate owner and spouse) **18 years of age and over.** ***

This form must be **completely** filled out and returned with payment for 2018 passes to be printed!

PLEASE PRINT ALL INFORMATION CLEARLY!

I, _____, the undersigned confirm that the names/ages listed on this application are all permanent
(name of certificate owner)
members of my household. I/We agree to observe the rules and regulations as set forth by Taylor Mill Swim Club, Inc., (TMSC) at any and all times as the policies and rules may change at any time during membership. TMSC retains the right to terminate any membership due to non-compliance of club policies and rules.

CERTIFICATE OWNER Name (first & last): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Preferred E-mail: _____

My family consists of my spouse _____, and # _____ children.

Please fill in complete information required below for all family Members living at above address for yearly passes. 18 and over, please put "A" for age:

Primary Adult Name _____ Age A
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____

Please refer to the Pool Rules and By-laws for further information, if needed.

The TMSC relies on active participation of its members (certificate owners) to improve the facilities and functions of the club. Please indicate your interest in participating in one or more of the areas below. A committee chairperson will contact you.

_____ Membership Recruitment _____ Grounds _____ Entertainment plans _____ Donations for events

Other skills or interests that may support the TMSC: _____

Comments:

Membership use only: Certificate #: _____	NOTES:
Date paid: _____ Check #: _____ Cash: _____	
Dues Amount pd: _____ 10 free passes if paid by 4/1/18: _____	
Extra passes pd: _____ Caregiver pass/es pd: _____	