

BROOKFIELD SWIMMING CLUB, INC.

Application for Membership

www.brookfieldswimclub.org

1. The following information is submitted:

a. Names of immediate family members permanently residing at this address:

Adults: _____

c. Address: _____

City: _____, VA ZIP _____

Phone: _____, e-mail: _____

Phone(2): _____, e-mail(2): _____

Children: (under 18)

List Names

Dates of Birth

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

DOB: ____/____/____
DOB: ____/____/____
DOB: ____/____/____
DOB: ____/____/____
DOB: ____/____/____

b. Other persons residing at the above address, not members of the immediate family, for whom club privileges are requested: **(Do not include daycare children. There is a separate form.)**

Name: _____
Name: _____

DOB: ____/____/____
DOB: ____/____/____

d. Emergency Contact Name: _____ Phone:(1) _____ (2) _____

a. Interests or talents which may be useful to the Club (serving on the Board, Committee, Swim Team, Social, or Pool Maintenance).

2. The applicant agrees to abide by the Club's By-Laws, rules and regulations; a copy of each is available at the pool and our web site. The applicant understands that a membership in the Club entitles all persons named in paragraph 1a and 1b above, who are approved for membership by the Board, to all facilities of the Club. These persons are subject to the By-Laws, rules and regulations of the Club.

3. This agreement shall be binding upon the applicant and the Club from the date this application is approved by the Board.

Signature of Applicant(s) _____ Date ____/____/____

Please return to:

Brookfield Swimming Club, Inc.
P.O. Box 220067
Chantilly, VA 20153

Annual Fee (due at registration): \$475. *Note:* The registration fee is waived and the included equity membership fee is non refundable.

Make checks payable to: *Brookfield Swim Club*. Questions? Please e-mail membership@brookfieldswimclub.org

Optional:

Brookfield Sponsor/Referral Name or Mbr #: _____

To be completed by Treasurer/Membership Director

Membership: # _____

Date of Membership: _____

Membership Type: _____

Payment Amount: _____

Signature of Membership Director: _____ Date: _____