

APPLEWOOD SWIM & TENNIS CLUB, INC.
New Member Application

I, _____, SUBMIT THIS APPLICATION FOR A FAMILY, COUPLE OR SINGLE MEMBERSHIP IN "APPLEWOOD SWIM & TENNIS CLUB, INC". I acknowledge the fact that this application will be submitted to the Board of Trustees of the Corporation for their review. If my family and I are accepted for membership, we agree to abide by the rules and regulations subsequently established by the governing body of the Corporation.

I understand that the Board of Trustees has the right to reject any application upon returning the amount of money (or check) equal to the amount submitted with this application. I furthermore understand that once accepted, the Board of Trustees may cancel my membership at any time, subject to the rules of the Corporation.

For the review of the Trustees, I submit the following data:

NAME OF APPLICANT:

FIRST MI LAST

EMAIL ADDRESS _____

PHONE (H) _____ (Cell) _____

EMPLOYER _____ OCCUPATION _____

NAME OF SPOUSE:

FIRST MI LAST

EMAIL ADDRESS _____

PHONE (H) _____ (Cell) _____

EMPLOYER _____ OCCUPATION _____

NAMES OF UNMARRIED DEPENDENT CHILDREN DATE OF BIRTH

1. _____

2. _____

3. _____

4. _____

HOME ADDRESS:

DO YOU OWN THE HOME LISTED ABOVE AS YOUR "HOME ADDRESS"? Yes or No

I am submitting this application with my check for \$50.00 (Article 4, Section 2.05A). This fee is nonrefundable and will be used to offset the initiation fee. I agree to pay the balance due within 30 days after I have been invoiced by the Treasurer of the Applewood Swim & Tennis Club. I also understand that none of the club's facilities will be extended to my family or me until I have paid my balance in full.

Signature of Applicant

Date

Name of member who referred you to the swim club (if any) _____

Make check payable to:
APPLEWOOD SWIM & TENNIS CLUB, INC.
PO Box 3194
Boardman, Ohio 44512
ASTC1964@hotmail.com
www.applewoodtennisandswim.com

Activities/Associations: _____

Volunteer: _____

APPLEWOOD SWIM & TENNIS CLUB, INC
Release of Liability

In consideration for using the Applewood Swim & Tennis Club, I hereby understand and agree to release the Applewood Swim & Tennis Club, Inc. from any and all liability for injuries which may sustained by those under my membership. I further understand that the use of these facilities is at my family members own risk and I agree to hold harmless Applewood Swim & Tennis Club, Inc. for any injury when on its premises.

Member Name (Please print)

Member Signature

Date

Spouse Name (Please print)

Spouse Signature

Date

Address